

Peer Support on A College Campus at An Indian University

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SCARF (I) = Schizophrenia Research Foundation (India)

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Abstract

Young adults experience an increased risk of developing mental health problems as they transition from school life to university life. This is also the period of life where the peer group plays a significant role in their decisions. We describe this process of co-creating a peer support (PS) program in a residential university setting in India. The collaborative design process is described from a baseline felt need assessment to selecting and training student peer support volunteers (PSVs). The ongoing implementation and design of the program were informed by design thinking by the university staff and PSVs. The survey conducted among the first-year students of a University in South India revealed that the students were predominantly focused on difficulties in social interactions, lack of adequate mental health services, and issues related to help-seeking. This guided the content and skill development of the PSVs. The PSVs used reflective learning as the program was being implemented to identify the lacunae in the training and implementation of the PS program. They were able to provide constructive feedback and implement the changes. The PS program is an example of a low-intensity intervention that provides contextual support to students in an academic setting. This program also highlights task-sharing that is more acceptable to the youth and, therefore, more sustainable. A co-design and iterative process will give the youth-focused program a greater reach, reduce stigma, and improve help-seeking for mental health issues. This also helps create appropriate referrals for a higher level of care. This program description does not include a formal evaluation of the impact of the same, which could guide future work.

Keywords: Peer Support, Academic settings, Stigma reduction, Youth Empowerment

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1. Introduction:

Young adulthood is a period of multiple transitions, with youth becoming progressively more independent. Moving on to tertiary education is one of the significant transitions that youth encounter that may have different effects on the identity development in young adults (Christiaens et al, 2021). There is wide variation in the global enrolment rates in tertiary education, with only nine countries having more than 80% of their youth in higher education. In contrast, about 40% of the countries (India included) have less than 20% of their students moving from high school to college education. (UNESCO, 2012) Despite this, there are about 37 million students in academic institutions in India. (Sharma, 2020)

Colleges are a melting pot of various cultures, individuals from different states, and socio-economic strata. They can be beneficial for enhancing students' understanding of different perspectives. However, adjustment issues

in institutional, academic, and personal-emotional domains were endorsed by nearly 42% of the first-year students in a college in Ethiopia (Belay Ababu et al., 2018). Some common factors associated with adjustment problems included being away from home, difficulty socializing, and pre-university achievement (Belay Ababu et al., 2018; Fernández et al., 2017). These adjustment issues have also impacted the student's academic achievement (Ayele, 2018). Further, the age of college entry is also when over 75% of individuals experience the beginnings of mental health problems (Kessler et al., 2007).

Mental illnesses are common in college-going youth, with about 12% suffering from anxiety problems, 9% having depression, and about 3.2% meeting the criteria for bipolar affective disorder (Pedrelli et al., 2015). Some studies have shown a prevalence of about 10% for eating disorders and about 20% for alcohol use problems among college students (Blanco et al., 2008). Nicotine dependence is also pervasive, ranging between 22-40%, and various medications, including benzodiazepines and stimulants, are misused. The review by Auerbach et al. (2016) also summarized that 27 to 60% of the mental health problems tended to persist for two years, while less than a fifth of the students identified had received treatment for their issues during the same period.

A study from rural Australia (Hussain et al., 2013) noted that about 20% of first-year undergraduate students experienced coping difficulties, while anxiety was more common at about 1 in 4 individuals and depression less common at about 8%. Even first-year undergraduate students were concerned about stigma, privacy, and anonymity when seeking help for their emotional distress. In a qualitative study with college students from the Philippines (Guimba et al., 2015), problem areas identified included environmental, academic, psychological, emotional and physical, and social, financial, and family problems. Another study, qualitatively evaluating the concerns of international students in university settings (Wu et al., 2015), identified themes of interactions with professors, classmates, language barriers, and parental expectations as difficulties experienced when starting academics. It also identified social and cultural barriers as reasons for difficulty engaging with academic work.

The COVID-19 pandemic brought its share of distress in the form of financial uncertainties and educational delays resulting in increased levels of anxiety which negatively correlated with the level of social support available (Cao et al., 2020). A study exploring student resilience during the COVID-19 pandemic showed that students with higher social support displayed lower degrees of general anxiety (Mai et al., 2021). A quantitative study from India (Reddy et al., 2018) identified students of the commerce stream experiencing significantly higher academic stress than the humanities, science, or management students. Also, while the overall focus was not significantly different between the genders, it was notable that more females endorsed fear of failure as a dimension compared to males.

Given the contextual nature of problems, the magnitude of the issues seen in college settings, the risk of developing mental health issues, the various difficulties faced by individuals in this transitional age and the deficit of trained mental health professionals in India (Salve, 2016), access to care for these young people remains challenging. To address this gap, empowering and building the capacities of the youth to support each other is essential (Caporale-Berkowitz, 2020). Peer support as a model provides access to youth facing difficulties that may not meet the criteria for major mental health problems but, still affect their overall functioning.

1.1 Peer Support (PS) as a model

PS is "a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful" (Mead et al., 2001). Individualized PS, as defined in the module for developing PS by the QualityRights initiative of the WHO, is the "one-to-one support provided by a peer who had personal experience of issues and challenges similar to another peer who would like to benefit from this experience and support" (World Health Organization, 2019).

As summarized in a review by Fisher et al., (2014), social support has objective effects on the physical health of healthy volunteers and those with medical problems. The impact of social support is mediated by cultural influences, the needs of the specific groups, and the type of support that enables behavioral change and may affect the overall health and well-being of individuals providing and receiving PS. PS in individuals with mental health problems can be delivered in multiple ways, including mutual support groups, PS services, and peer mental health service providers, as summarized by (Lloyd-Evans et al., 2014). The review identified social support, learning and comparison theory, and experiential knowledge as purported mechanisms for PS to work.

While the evidence is limited about the effects of PS for persons with severe mental illness due to incomplete recording of outcomes and a high risk of bias, individual studies reported positive effects on home, recovery, and empowerment (Lloyd-Evans et al., 2014). In a study in the UK across eight universities (Byrom, 2018), peer-led group support was provided for students experiencing depression. This study noted a significant improvement in well-being and knowledge related to mental health issues. Participants who had lower well-being at the program's start and those who completed the course had more improvement. Among individuals with disabilities, peer support programs had sufficient evidence for enhancing social interactions and some proof of academic engagement (Brock & Huber, 2017). With appropriate training in a pilot program in India for persons with severe mental health illnesses, PS volunteers could empathize with service users in clinics in supporting them through their recovery plans (Pathare et al., 2018).

1.2 Objectives of the intervention:

The literature review revealed that mental illnesses are a significant problem in late adolescence and early adulthood. Although not all meet a diagnostic threshold, they continue to impact youth health, well-being, and academic performance in such settings. We describe the co-creation process of a low-intensity PS program for youth within Krea University with the Schizophrenia Research Foundation (SCARF) (I). Since program evaluations were within the mandate of the PSP and the functioning of the Office of student life at Krea University, with no additional data taken from the students, ethical approval from the university and SCARF's ethics committees was not needed.

1.3 Setting of the intervention:

Krea University is a fully residential academic institution about 70 Kms North of Chennai, Tamil Nadu. The School of Interwoven Arts and Sciences (SIAS), Krea University, offers undergraduate courses in various majors and electives across several divisions. Currently, it has about 450 students across three years. The first cohort consisted of about 110 students from over 50 cities and 18 states all over India. Furthermore, the university also caters to students from underprivileged communities by providing them with scholarships and financial aid. The existing mental health infrastructure at the university comprises psychiatric services provided by Schizophrenia Research Foundation (India) (SCARF (I)), onsite counseling by the campus counseling services & online counseling services by a private provider. The online services included 24/7 counseling support through chat-based and video/audio calling channels.

SCARF (I) is a not-for-profit organization working in mental health service delivery and research for nearly 37 years in Chennai. As a part of its youth mental health program, SCARF has been developing methods of educating, empowering, and providing services to young people with mental health problems.

2. Methodology

2.1 Stage 1: Baseline needs assessments

Before initiating the program, surveys to identify the needs of the students were developed by the student interns in collaboration with the Office of Student Life at Krea University and sent out at the end of the first academic year. The surveys studied different aspects of student life, including academic stress, sleep habits, stress coping, and social interactions of students as they related to a sense of community and belonging, group formations, degree of comfort and trust among students, and general social dynamics. The surveys were sent to all the graduating first-year students (N=113) with an 80% (N=92) response rate. The survey was administered between March and May 2020 in an online mode.

The survey identified that 60% of the students were confused about their peers' intentions towards them frequently or very frequently, and over 50% of the students were unlikely/highly unlikely to reach out to friends and family when stressed. 36% of students felt like outsiders in their social circles. Only 39.6% of the students acknowledged being comfortable outside the classroom setting. The survey results highlighted the need for a program to bridge the gap in service available to students who faced mild distress due to a lack of a robust social network on campus. This was further complicated by the diverse demographic of the student body, distance from the closest city, and lack of good counselors. Since most of these stressors were contextual, creating a system of "experts" who had experienced the academic environment would help navigate their peers as the first line of support. Owing to the student's interest in participating in the program, the Office of Student Life (OSL) launched the Peer Support Program (PSP). The PSP's creation steps are schematically described in Figure 1.

2.2 Stage 2: Process of creation of the PSP

2.2.1 Stage 2a: Selection and Training of Peer Support Volunteers (PSV)

Initially planned to be on campus, the program was adapted for digital delivery in May 2020 due to remote learning brought on by the Covid-19 pandemic. Keeping in mind the reservations expressed by the students of trust between peers, feelings of exclusion, and lack of a social support structure, this program drew from models focusing on providing support to improve engagement, a space to vent, and build self-esteem. Since the focus of the intervention was not directed toward mental illnesses, the program empowered student volunteers to provide contextual social and emotional support to contribute to the mental well-being of their peers.

All student applicants who had volunteered through an open call for applicants were trained remotely for eight weeks by trainers from SCARF (I). The pedagogy utilized lectures, discussions of case studies, and roleplay scenarios. A constructivist model was used to draw upon and build on the knowledge already known by the students. The areas included in the training were: introduction to mental health and peer support, active listening skills, ethics and professionalism, and helping and self-care skills using the psychological first aid models. As a part of the co-design process, two student interns played a vital role in understanding the contextual needs of Krea University and the type of program that would best serve the student body. The applicants received 16 hours (8 sessions of 2 hours each).

To select the PSV, applicants who finished the training program were interviewed by an expert from SCARF & a faculty from Krea University. The students were assessed based on their written application, role-play assessment, and their final interviews using a common rubric that evaluated understanding of the student's capabilities in their service mindset, commitment, emotional aptitude, and active listening capability.

Of the 40 initial applicants in the first year, 15 were selected as PSVs for a year with an understanding that each PSV would have to support a maximum of about 20 of their peers. Support structures were implemented to ensure PSV well-being, including group mentoring on a fortnightly basis and creating a hotline for the PSV to reach out to the mentors in an emergency. These groups were also designed to be safe spaces for the volunteers to share best practices and continue learning. The 15 PSVs recruited in the first year of implementation were between 18 and 20 years of age and represented students from different faculties and states in India. Ten first-year PSVs volunteered to participate as PSVs for a second year in the program, as 13 more were selected following the second round of training and interview.

2.2.2 Stage 2b: Iterative development

Design thinking principles were used to develop targeted interventions, as shown in Figure 2. At the stage of understanding the end-user, the personas of the students reaching out for support were identified. Qualitative data was collected through in-depth semi-structured interviews with 13 PSV as part of the iterative improvements planned at the program's initiation. The interviews enabled volunteers to detail their experiences from the PSP about the execution of the program, their experience with training, and the main challenges encountered. A thematic analysis that involved familiarization with the data was performed, following which patterns, themes, and sub-themes were observed, reiteratively categorized, and analyzed by author SC. Three themes were explored separately (See Table 1) but were not entirely independent. Feedback from the student body was also obtained about their understanding of the PS program through a survey that had a 53% response rate. Additionally, 55% of the respondents felt more comfortable reaching out if the program had a social media presence. The results of the quantitative peer feedback are summarized in Table 2.

Utilizing these insights, four volunteer-driven task groups were developed to guide intervention through targeted actions instead of the entire volunteer pool working on each aspect of the program. Real-time feedback loops were in place with the volunteers throughout the development and implementation of solutions.

3. Results:

During the initial year of implementation, 12 students (~10% of the UG student body) reached out to the PSV at least once. During this time, 14 students were consulted at SCARF through teleconsultation services. In the second year, another nine students were referred for therapy and psychiatric services at SCARF.

3.1 Solutions Implemented from the iterative development process:

Focus Group 1: The Catalog Team

The catalog team obtained information from the PSV, university stakeholders, and the SCARF team to understand the issues with which the students approached them. Discussions with the university faculty and the SCARF team addressed issues related to referrals to the university faculty and the possible interventions that could be employed.

Focus Group 2: The Structure and Program Accessibility Team

This group focused on clearing the misconceptions surrounding the program and making it more accessible. The group reached out to volunteers to collate the contact information of PSV across platforms. This was done to appease initial apprehensions about approaching PSV via email and facilitate more informal conversations. Open hours for the PSV were set up for the same purpose. The group also simplified the program description and made it more engaging.

Focus group 3: The Communication and Marketing Strategy Team

This focus group worked on increasing program awareness and student engagement. They aimed to make the program student-friendly by creating a name, logo, and general aesthetic. They also established a social media presence and a digital live launch event to address student concerns.

Focus group 4: The Volunteer Support Structure Team

This focus group was responsible for structuring the check-in sessions with SCARF based on the PSV needs. The group spoke to the volunteers and the OSL to understand the required areas for further training. This was shared with SCARF to maximize the efficacy of the group sessions.

3.2 Subsequent iteration:

Building on the learnings from the first year of implementation of the PS program, volunteers were admitted through the same application process. The new and returning PS volunteers were trained and recruited to the program. In this iteration, the returning PS volunteers were involved in the training of the incoming batch and had been engaged in sensitizing the student community about the program. Small group learning was built into the mentoring program directed by current concerns that the students had raised.

4. Discussion:

PS has been utilized in supporting persons with mental health issues (Shields-Zeeman et al., 2017) and in college settings in high-income countries (Suresh et al., 2021). This program is a PS model delivering low-intensity support in a country with common mental health resources in an academic institution. The process was contextualized by engaging with the student body in identifying their needs and concerns as a preliminary step.

Our PSP had a multifaceted approach to addressing the student body's concerns. Not only was it a source of support, but the PSV was also involved in improving the discussion surrounding mental health and reducing its stigma. We believe the task sharing by the PSV, administration, and the mental health professional team contributed to this. The process utilized design thinking at various stages of development, from determining the felt need of the students through surveys, engaging multiple stakeholders at all levels, and proactively testing and creating newer iterations. The PSP also utilized participatory co-design at all stages, from evaluating the felt contextual need to implementation and evaluation as an essential program element. This enables the creation of a self-sustaining model of PS with mental health professionals being utilized for support and mentoring rather than direct interventions.

The additional strength of the PSP has been the element of contextualization. While the initial learning modules focused on building the capacity of the PSV to engage with their peers and providing a space to vent, through mentoring and subsequent feedback, it was clear that the youth had additional needs. These included addressing their issues of sustaining motivation in a high academic pressure environment, motivation, and the need for information to navigate the academic and interpersonal landscape of the university setting. These were built into the subsequent training as a part of the role plays.

Furthermore, since this PSP is delivered by the youth and directed towards well-being and adjustment and not towards any specific disorder, we expected greater acceptance from students who might have been hesitant to utilize the more formal mental health services. One of the critical weaknesses of this program is that this was not structured as a research study. No formal evaluations or tools were utilized to evaluate the quality of the support provided or the impact on the emotional health or well-being of the users.

5. Conclusions and future directions:

Access to mental health services and knowledge about mental health is limited in LMICs. Academic institutions may be one of the sites to provide services to youth experiencing contextual difficulties. Peers can be a valuable resource to offer low-intensity interventions while educating and destigmatizing mental health among such captive audiences. Future research should overcome the limitations of this work by critically evaluating the impact of the PSP by getting feedback from the end users and also having more detailed process indicators to evaluate the identification and referral for mental health services. This paper also highlights cocreation's importance in making any program more sustainable and acceptable. As we advance, engaging with the staff in the university as mentors and trainers while providing mental health support from professionals on an as-needed basis will make the program more sustainable and reproducible worldwide. There is also a need for a formal evaluation of PS programs to study the effectiveness of this care delivery model.

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Table 1: Themes and subthemes of feedback from the PSVs

Theme	Sub-theme	Comments
Training	Quality of training	- Equipped them to deal with conversations with their peers
	Periodic learning	- Mentoring sessions could be used for periodic learnings
Implementation	Informal conversations	- Increase informal conversations with peers e.g., social media
	Navigating boundaries	- Navigating role changes for PSVs and peers
Perception of barriers among students	Confidentiality	- Concerns about sharing of information with the administration
	Capability of PSVs	- Doubts in the peers' minds about the skills of the PSVs
	Lack of clarity	- Lack of understanding about the role of the PSP and access to it

Table 2: Feedback from the students about the PSP

Purpose of the program	Barriers to using the program
1. Mental health support (86.7%)	1. Not being acquainted with the PSVs (35%)
2. Academic stress (60%)	2. Did not feel the need (32.5%)
3. Social/ Personal issues (53%)	3. Confidentiality concerns (22.5%)
4. Guidance regarding courses (32%)	4. Believed PSVs were not sufficiently equipped (17.5%)
5. Campus related issues (28%)	
6. Making new friends (22%)	

Figure 1: Schematic of the Development and Implementation of PSP
 Development and implementation of PS program

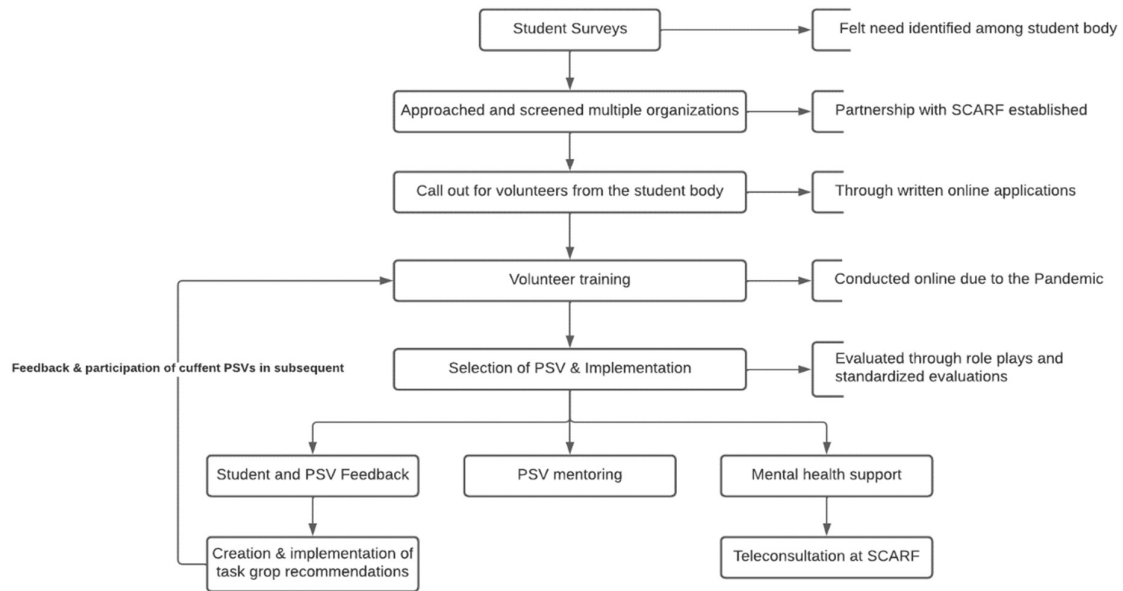


Figure 2: Aspects of design thinking included in iterations:

