



## King's Research Portal

*Document Version*  
Peer reviewed version

[Link to publication record in King's Research Portal](#)

*Citation for published version (APA):*

Berry, C., Phelan, E., & Michelson, D. (Accepted/In press). 'Weird duality': Learning from the experiences of students in university peer support roles during the COVID-19 pandemic. . *Journal of American College Health*.

### **Citing this paper**

Please note that where the full-text provided on King's Research Portal is the Author Accepted Manuscript or Post-Print version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version for pagination, volume/issue, and date of publication details. And where the final published version is provided on the Research Portal, if citing you are again advised to check the publisher's website for any subsequent corrections.

### **General rights**

Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the Research Portal

### **Take down policy**

If you believe that this document breaches copyright please contact [librarypure@kcl.ac.uk](mailto:librarypure@kcl.ac.uk) providing details, and we will remove access to the work immediately and investigate your claim.

**Title: “*Weird duality*”: Learning from the experiences of students in university peer support roles during the COVID-19 pandemic**

**Short title: Student mentor peri-pandemic experiences**

**Authors: Clio Berry<sup>1</sup>, Emma Phelan<sup>2</sup>, Daniel Michelson<sup>2 3</sup>**

**<sup>1</sup>Primary Care and Public Health, Brighton and Sussex Medical School, UK**

**<sup>2</sup>School of Psychology, University of Sussex, UK**

**<sup>3</sup>Dept of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King’s College London, UK**

**Correspondence:**

Clio Berry

Brighton and Sussex Medical School

Primary Care and Public Health

Watson Building

University of Brighton

Falmer

BN1 9PH

Email: c.berry@bsms.ac.uk

Telephone: +44 (0)1273 600900

## **Abstract**

*Objectives:* To explore university student peer supporter experiences in the pandemic context and with a specific focus on student mental health.

*Participants:* The sample comprised 13 students from various peer support programs, providing academic, social and/or emotional support at a South-East England university.

*Methods:* A two-phase qualitative design involved individual interviews and focus groups, followed by participant validation with a subset of participants.

*Results:* Peer supporters identified an increased need peri-pandemic for mental health support. The accessibility was aided by students perceiving peer supporters to be approachable, but undermined by concerns about peers' credibility. Supporter-supportee relationships were characterised by intimacy and mutuality, which were seen as conducive to authenticity, but caused challenges with respect to boundaries.

*Conclusions:* Peer support is a complex activity, characterised by a sense of multiplicity and mutuality. Responsive supervision and dedicated training are necessary to manage these complexities amidst elevated student mental health needs.

**Keywords:** peer support; higher education; university students; mental health.

## Introduction

The advent of the COVID-19 pandemic in spring 2020 necessitated a rapid shift to online learning in universities worldwide, with campuses closed and students confined to their housing. In the context of these disruptions, students experienced reduced mental wellbeing and increased stress, depression and anxiety.<sup>1-3</sup> Even before the pandemic, research suggested that student mental health problems and unmet needs for care were rising in the UK<sup>4</sup> and beyond,<sup>5</sup> with concerns expressed about the limited accessibility and quality of existing campus-based mental health services.<sup>4,6</sup> Other research has shown that many students with mental health difficulties prefer to seek informal support from peers in the first instance, while expressing concerns about the confidentiality of professionally-staffed student welfare services.<sup>7</sup>

Given such supply- and demand-side barriers to university support services, growing attention has focused on resource-efficient and non-stigmatising peer support systems for mitigating mental health risks.<sup>8</sup> Peer support is used as an umbrella term for a variety of interventions and approaches, including peer mentoring, peer tutoring, peer coaching, peer counselling, befriending and buddying<sup>9</sup>. Notwithstanding differences in terminology and emphasis, the array of peer support approaches available in higher education settings share three common features: (i) students sharing knowledge and providing emotional, social and practical help; (ii) support being offered in a purposeful and structured way; and (iii) peer supporters receiving training to fulfil their role.<sup>10</sup> Review-level evidence suggests that peer support is associated with improved mental health and psychological outcomes,<sup>11</sup> and is equally or more effective than cognitive-behavioural therapies and mindfulness interventions at reducing depression and anxiety in university samples.<sup>12</sup> Characteristics of effective peer support for mental health include providing a welcoming and private (physical or online) space; reassurance regarding confidentiality and lack of judgment; active listening; non-directive problem-solving; and access to signposting and resources.<sup>11</sup> Peer support also appears to be effective at reducing social isolation,<sup>11,13</sup> which has been identified as a strong predictor of poor student mental health both before

and during the pandemic.<sup>14-16</sup> Peer support has thus been advocated as a key component of “whole-university” approaches to mental health support in higher education.<sup>14</sup>

However, concerns have also been raised about the safety and effectiveness of peer support when used without a clearly articulated practice model.<sup>17</sup> Questions about peer support quality are especially relevant to the pandemic response, where universities have been under pressure to undertake rapid actions without necessarily adhering to the available evidence base.<sup>11</sup> Research on university-based peer support systems also has wider relevance to public health initiatives that address the longer-term psychosocial impacts of the pandemic, with peer support identified as a key component of scalable community-based interventions internationally.<sup>18,19</sup>

Understanding the experiences of peer supporters is critical for informing service provision, yet this group has received less research attention than the experiences of those being supported.<sup>20</sup> The few known studies of university peer supporters have largely been conducted in the USA and have focused primarily on academic peer mentoring, while largely excluding supportive functions associated more directly with mental health and other non-academic outcomes. Even when the focus has been on academic outcomes, research has shown that peer supporters typically adopt complex and multi-faceted personas, manifesting variably as a connector, leader and/or friend.<sup>21</sup> Identified benefits of being a peer supporter include helping others, using learned skills oneself, personal growth, and enhanced connectedness.<sup>20,22,23</sup> Identified challenges include difficulty maintaining work-life balance, lacking role confidence, and managing relationship ruptures with supportees.<sup>22-24</sup>

More nuanced evidence from a wider array of peer support programs is required, not only to explore the potential effects of university peer support systems on student mental health, but also for understanding the conditions under which peer support programs are most likely to have positive impacts for supporters and supportees. There is a particular need for contextualised evidence from the COVID-19 pandemic, given its disruptive and potentially transformative effects on students and the services supporting them. The present study was concerned with the experiences of students who

occupied an array of peer support roles during the first year of the COVID-19 pandemic in the UK. We aimed to explore their perspectives on how, for whom, and with what effects, peer support was implemented with a focus on their experiences of supporting students with mental health and related concerns.

## **Materials and Methods**

### **Design**

The study used a two-phase qualitative design. Phase 1 involved individual interviews and focus group discussions with peer mentors. Phase 2 involved a participant validation group meeting with a subset of Phase 1 participants to review the qualitative analysis and generate practice recommendations.

### **Participants**

An initial scoping exercise was undertaken to identify the number and type of peer support programs at a large, multi-faculty university in Southeast England. This preliminary step involved email consultations with Directors of Student Experience from each faculty (a group of university departments concerned with a major division of knowledge), as well as reviewing online student welfare resources maintained by individual university departments, a university-wide Student Hub, and a student-led Student Union. Purposive sampling was used to obtain a broad representation from across the seven identified peer support programs (see Table 1), with efforts made to involve both undergraduate and postgraduate students from all faculties. It was not possible to quantify the exact sampling frame, given the devolved structures around peer support roles and registers that were not routinely updated during the pandemic. As an estimate, there are approximately 6-40 peer supporters (peer mentors, course representatives, peer-assisted learning mentors) per faculty, with approximately five student connectors, three research scholars and larger numbers of buddies and “tea and talk” supporters (see Table 1 for definitions). Some students provide support in multiple programs. Information about the study was cascaded by email to potential participants via Directors of Student

Experience in each faculty, as well as student welfare contacts provided through individual courses and centrally through the Student Hub and Student Union. At the time of the data collection, peer support was delivered remotely due to pandemic-related restrictions, for example, by video-conferencing and email.

Thirteen peers (n=10, female; n=3, male) participated in Phase 1, two of whom additionally self-selected and took part in Phase 2. Details regarding the nature of the peer support programs, training and support arrangements, and the number of participating peers are provided in Table 1.

Approximately equal numbers of undergraduate (n=6; 46%) and postgraduate (n=7, 54%) students were recruited to the study, representing all university faculties (n=5 [38%] psychology; n=2 [15%] media, arts and humanities; n=2 [15%] global studies; and n=1 [8%] each for mathematics, life sciences, engineering, and education and social work). The mean duration of peer support experience was 25 months cumulatively (SD= 16.3).

### **Ethical statement**

Ethical approval was provided by the University of Sussex (ER/EP412/1). The study was conducted in line with the UK Data Protection Act (2018) and the University's code of practice for research, which draws on the Universities UK Concordat to Support Research Integrity (2019) and the UK Research Integrity Office Code of Practice for Research (2021).

### **Procedure**

Potential participants were emailed the study information sheet and consent form. Interested participants were asked to send an ink-signed and scanned or electronically completed copy of the consent form by return email, and to indicate their availability for data collection. In order to maximise flexibility during Phase 1 data collection, prospective participants were offered the choice of being involved in a focus group discussion or an individual interview. Two focus groups were convened, respectively attended by two participants (an academic mentor and tea and talk volunteer) and five participants (three academic mentors, a course representative and a buddy. The mix of

participants in each focus group was determined pragmatically by participant availability. Six further participants opted for individual interviews. Interviews and focus group discussions used the same semi-structured topic guide, lasted for approximately 75 minutes, and were conducted and audio-recorded using Zoom video-conferencing software. Topic guide questions were derived from the study research questions and addressed the nature of peer support offered (e.g. What does peer support mean to you?); the impacts of the pandemic on the peer support role and supporter-supportee relationships (e.g. How has the pandemic affected your role?); and the benefits and risks of peer support for both supporters and supportees. The second author collected all data, with one focus group discussion co-facilitated by another postgraduate student. All participants were invited to participate in a participant validation meeting (Phase 2), where they were asked to reflect on themes from Phase 1 and to identify relevant future actions through which different stakeholder groups could improve the implementation of peer support. Phase 2 participants were also invited to email further comments after the meeting, with one comment received.

### **Data collection and analysis**

We adopted a critical realist position in data collection and analysis, recognising ourselves as active participants in constructing meaning and mindful of our current and former experiences as students and staff at the study site; our academic and professional backgrounds in clinical psychology and student mental health research; and our various lived experiences of mental health problems as students, of supporting students, and of working with peers in research, education, and mental health service contexts. Data were analysed using reflexive thematic approach, following Braun and Clarke's six-step procedure (data familiarisation, coding, generating themes, reviewing themes, defining themes, writing up).<sup>25,26</sup> The audio recordings were transcribed verbatim by the second author, who coded all transcripts, collated the codes into initial themes under supervision from the first author, and then shared these with Phase 2 participants. The codes were collated into initial themes on the basis of identifying shared patterns of meaning reflecting a central organising concept, then reflected in the theme label.<sup>25,26</sup> Sub-themes were then generated by identifying more specific and distinct



manifestations of the central organising concept.<sup>25,26</sup> Thematic labels were further refined in consultation with the first author. This involved the first author reviewing theme content and collected data, and making minor amendments to the theme labels to ensure that theme content was accurately and comprehensively reflected, that the themes were maximally distinct from one another, and that the themes were more clearly aligned with the study research questions. Phase 2 data were analysed descriptively.

## **Results**

[INSERT TABLE ONE HERE]

Four higher-order themes were generated and have been presented below alongside illustrative quotes. Participants' pseudonyms, gender, and support program focus have been provided in parentheses. Additional quotes by the same participant are indexed using only the corresponding pseudonym.

### **Drivers of demand for peer support**

Participants reported that peer support was implemented on a continuing basis following the onset of the COVID-19 pandemic. Participants described an increasing demand for peer mentoring that preceded but was compounded by the pandemic and its disruptive impacts. Supportees were described as seeking help for a variety of reasons, including academic, psychological and social difficulties, and commonly all three: *“it’s mainly a combination, not fitting in, university not being what they thought it would be, and the mental health situations associated with that, not understanding how to work”* (Ethan, Male, academic support-focused program). Participants referred to increasing mental health problems among students resulting from a growing number of stressors and their accumulation over time: *“the challenges they face are worse than any previous generation of students”* (Ethan); *“by the third lockdown all of the really struggling concerning cases started coming through... [They were] feeling really isolated, really anxious, really high emotional stress”* (Lisa, Female, academic support-focused program). In particular, participants discussed how the pandemic undermined the expected student experience, causing heightened disappointment and distress: *“[They had] anxiety about*

*everything being online and feeling sad they are missing out on the normal university experience”* (Georgia, Female, academic support-focused program). Participants described how supportees were particularly negatively affected by missing out on established and anticipated social connections: *“there’s no avoiding talking about that sort of isolation and loneliness...everything’s online, you can’t just go and chat to somebody in person...it’s all these things that people don’t have any more, like after lectures just having a quick chat or even moan with your peers about what’s just happened. All of that is gone... with all of that gone, people seem to lack, I don’t know, friendship reassurance”* (Danielle, Female, social support-focused program).

Pandemic-related social restrictions had directly encouraged some students to seek peer support, through the visible provision of social support by universities but also the broader societal dialogues pertaining to isolation and the benefits of social contact: *“students felt they had the support so they could talk more openly”* (Ethan). Peer support was described as having the potential to offset the pandemic’s disruption to the student experience, especially for first year students, by offering alternative routes to connectedness. Connecting with peer supporters was seen as a way to understand and negotiate a new student identity: *“[Supportees] didn’t have a way to position themselves within the cohort, so a lot of anxiety about not knowing, ‘Am I doing this right? Is my experience normal?’”* (Catherine, Female, academic support-focused program). However, the pandemic-related social restrictions undermined to some extent mentors’ ability to help scaffold the sense of university belonging: *“before [the pandemic], we’d be able to meet up with people in person and chat to them and show them different things around the university, or whatever it is that they might require, whereas now it’s they can text you or email you, but that’s about it really”* (Danielle, Female, social support-focused program).

### **Engagement with peer support**

This theme reflected how peer supporters accessed and interacted with peer supportees. The first subtheme reflected barriers to engagement in peer support, including a lack of awareness about

available services and challenges to the credibility of peer supporters. The second subtheme reflected how supportee engagement was scaffolded by the approachability of peers.

### Barriers to engagement

Participants discussed how access to peer support was restricted in part by poor university promotion: *“there’s the obvious fact that [students] might not know it’s available, I felt we were coming against that a lot of the time”* (Rosie, Female, emotional support-focused program). Concerns were also expressed about prospective supportees being deterred by stigma around help-seeking: *“it’s like the implication is that you’re not able to deal with it on your own”* (Veronica, Female, academic support-focused program). Examples were also provided of some students doubting the credibility of peer mentoring. An example was given of a prospective supportee explicitly voicing such concerns; the supporter’s description of “biting my tongue” suggested that they felt unable to challenge this narrative:

*“The person said, ‘Oh God, why would I go and see them, they’re only students themselves?’ and I sat there biting my tongue... Some students may think that we possibly don’t have that much to offer because we’re not faculty, we’re not trained teachers.”* (Karen, Female, academic support-focused program).

A parallel process was observed in which supporters voiced similar doubts about their capacity to provide effective and safe support:

*“[Supportees] desperately wanted us to tell them exactly what they were doing wrong, and how they can improve... You feel like a fish out of water, like you’re at your limited capacity and therefore you’re being a bit useless.”* (Lisa)

*“[Do] I want to continue in the role, even though I find it really rewarding? Do I really feel like it’s even a responsible thing to do when I don’t feel I have the tools to address the problems that may come up?” (Catherine)*

The challenge of taking on such a demanding role with limited support was seen as potentially detrimental to supporters’ own wellbeing: *“being pushed to doing something that you haven’t done in the past, where you know it could get to you quite a lot” (Karen).*

### Approachability of peer supporters

Most participants believed that prospective supportees found them to be *“less intimidating”* (Georgia) than *“big scary”* (Lisa) academic staff. Interacting with academics was seen to require careful impression-management: *“people might feel afraid to ask a question because it might be silly, or think it might affect their grades poorly or something if the lecturer thinks something about them”* (Steve, Male, academic support-focused program). The convenience of online sessions added to the perceived accessibility of peer support: *“[it’s] less of a big decision clicking a link at home than having to go onto campus”* (Georgia). Nonetheless, some participants queried whether online delivery threatened the authenticity of social connections via peer support: *“all you can really do is text people or call people, and that’s not really proper social interaction”* (Danielle).

### **The nature of the peer support role**

Peer support was represented as a complex process, summarised by two sub-themes respectively describing its inherent multiplicity (i.e., how peer supporters adopted multiple roles, even within the same dyad) and its mutuality (i.e., how peer support generated a sense of shared experience and growth on both sides of the supporter-supportee relationship).

### Multiplicity

The supporter's role was characterised by its multiplicity: "*we're organisers, we're connectors, we're representation, we're 100 different titles together*" (Paula, Female, academic support-focused program). The role was seen to have an inherent "*weird duality*" (Becky, Female, academic support-focused program), being simultaneously personal and professional: "*providing that emotional support to people and relating to them, but at the same time I do attempt to keep a kind of professional distance [and] provide objective support*" (Danielle).

Participants presented three distinct metaphors for the peer support role. First, supporters described themselves as "friends." Supporters used an interpersonal style that consciously encouraged this quality, believing it led to better engagement: "[I am] *deliberately very casual, because then students are more willing to talk, because it's like talking to a mate*" (Fred, Male, academic- and social support-focused programs). Secondly, supporters labelled themselves as "parents": "*we have to do what a parent would do - encourage them to keep going...give them constant reassurance...comfort them...always be there...check up on them*" (Paula). Finally, supporters described themselves as a "bridge" between the supportee and wider university, serving as a conduit for constructive feedback:

*"[Peer supporters] have access to all the student channels and ...they can pass that feedback up in a way which is not disgruntled but useful. So, it's that nice layer which sits very well in between students saying whatever they want to say and staff that want useful feedback."* (Steve)

### The "me" and "we" in peer support

Participants described how bringing their authentic self into the support role influenced their practice. This included that personality traits and shared experiences manifested in how peers related to the students they supported: "*I was almost being a mum to my cohort... and I'm not going to blame them for it because I feel like as a person, I'm quite a nurturing individual*" (Wendy, Female, academic support-focused programme). The peer aspect was seen to imbue the supportive relationship with authentic empathy: "*I find myself being like, 'I empathise with you, and I definitely feel what you're going through, and I'm going through something similar right now,' which I feel like the students*

*need as well*” (Becky). Participants believed that shared experience should be made explicit because it scaffolds hopeful empowerment: *“I often cited my own academic struggles and how I had come through them... And I think that...empowers them”* (Lisa). This mutuality was considered as a way to build closeness, with the pandemic another shared challenge that further enhanced the sense of communion: *“the relationships have become deeper”* (Karen).

Participants described a reciprocal process of providing and receiving support and learning through the supporter-supportee relationship: *“[supporters] internalise the things that you’re telling other people... I’m also learning”* (Veronica). This mutuality led to a mirroring effect, such that supporters felt lifted by the positive outcomes achieved by their supportees: *“it feels nice”* (Rosie), seeing the *“difference you make in students”* (Ethan). Mutuality was additionally experienced in supporters’ relationships with each other, which helped to inform their practice: *“when we’ve had either difficult conversations or we didn’t quite know how to handle certain things, we will talk about it amongst each other to work out how we could best respond”* (Karen).

### **Managing dynamics in peer support**

Peer supporters found it challenging to manage students’ expectations about what peer support actually entailed, and additionally felt under-trained and under-supported to manage emerging boundary issues in their supportive relationships.

#### Managing expectations around the “what” of peer support

A common concern among peer supporters related to inadequate grounding in the purpose and nature of peer support that they were expected to provide to students, leading to an unhelpful ambiguity: *“the training didn’t give us an idea of what we were expected to do... it was quite blind at the start”* (Steve). Moreover, peers identified that students would often seek support for problems outside the formally advertised remit of the specific program: *“it is quite diverse and people do end up asking you [for help with] different aspects, so we were not prepared for the other side of it”* (Wendy). The lack

of training especially characterised academic support programmes, but it was generally identified as an issue across different models of peer support including with social and emotional support foci: “[the] training...was never extremely in depth... they’re obviously a lot of contributing factors as to why we didn’t get additional training” (Rosie). The lack of training was compounded by unresponsive supervision: “[we] never had anyone checking in with us” (Paula).

The mismatch between supportees’ expectations and supporters’ anticipated functions was most apparent in programs that were ostensibly focused on academic support: “there’s the assumption in certainly our mentor service that we won’t, we shouldn’t be dealing with emotional issues” (Lisa). It seems apparent from Lisa’s correction of “won’t” to “shouldn’t” that it is not accurate to say supporters did not encounter students in emotional distress. Rather, it seems that peers representing academic support programs were commonly faced with high levels of distress among their supportees, and came away questioning the legitimacy or adequacy of their role and practice in meeting these emotional needs.

*“A lot of the worries [for] people coming to me were [about] struggling with motivation and also kind of managing mood and feeling a bit down during the pandemic... although it wasn’t my official role” (Georgia)*

*“For [academic] mentors, we had some quite worrying cases of students coming in real crisis...so anxious that they can’t get out of bed.” (Lisa)*

*“Three hours [of training] for all of that was definitely insufficient, like at the time I thought ‘This is actually really good, I feel prepared’ and then I actually started doing it and the reality is the role requires a lot more than what we given...At times we’re providing like some really like serious emotional support [that] requires a lot of responsibility.” (Catherine)*

Managing boundaries around the “how” and “when” of peer support

Participants described inherent challenges in managing relationship boundaries. Participants across most programs reported that they had been given little or no training to help them negotiate the interpersonal aspects of the role: *“I don’t actually remember us getting any kind of training on boundary-setting or anything”* (Lisa), neither generally nor as specific to the pandemic context. Participants felt challenged by the simultaneously personal and professional aspects of the role, both in terms of expectations from supportees and in their own ability to maintain psychological distance:

*“People who I formed relationships with became like quite reliant on that support [and] to lose that over the assessment period was really, really tough. People were asking me, ‘Can I pay you to provide support for me during break-time?’”* (Catherine)

*“You’re talking to someone about an issue they have [and] it can be really difficult then for days or weeks later not to think about like, ‘Oh I hope that person’s doing well,’ sort of take on their worry a little bit.”* (Rosie)

Some participants indicated that such difficulty in psychologically distancing was inevitable by virtue of the intimacy of supporter-supportee relationship: *“if you care about that person, you’re always going to wonder how they’re doing, that’s definitely an issue”* (Rosie). The negotiation of boundaries was thus a challenging necessity: *“the biggest challenge maybe in providing the peer support [is] trying to negotiate that space between – yes, absolutely we can have solidarity, but also not too much”* (Catherine). Another common difficulty was managing supportees’ understanding of the limitations of the support available, such as working hours and the level of available help: *“I’ve woken up to find someone sent me a message at like 4 am going. ‘Hey dude, you up? Just wonder if you can help with this?’”* (Fred). The following extract shows how the challenge of negotiating boundaries appears as much an internal struggle as in the dialectic:

*“I agreed in the end for her to send me emails. I guess that was my attempt to kind of try and*



*keep the boundaries up and I wasn't going to offer to just talk to her during the holidays. [I did] bend the boundaries because I let her send me those emails, which ended up being quite long, which I felt a bit obliged to reply to.” (Georgia)*

A reluctance to deny requested support appeared to be related to the belief that supportees' requests for help were a product of desperation: *“they were just very clearly so desperate for help that they were like, ‘Why can't you just hold my hand and tell me exactly what to do?’” (Lisa)*. Yet participants recognised that without boundaries, they themselves would begin to be emotionally affected: *“boundaries can make things feel a bit formalised, but obviously it's also really important because then [without them] I would get a little bit annoyed” (Georgia)*.

### **Participant validation and practice recommendations**

The two participants who attended the participant validation meeting denoted the above-mentioned themes as an accurate reflection of their experiences. They additionally recognised that the diversity of peer support programs meant that some themes and patterns applied to some programs more than others. In particular, one participant commented that the characterisation of the supportive relationship as “parental” did not apply in their case. The participants also emphasised that the findings may not necessarily mirror the perspectives of students accessing the support.

When discussing practice implications, the participants emphasised that all student support services should be offered with an option for remote delivery, given its convenience. Enhanced training and supervision for peer mentors were also recommended, with the suggestion that stronger capacity building would improve peer mentor retention. Suggested training topics included anticipated student concerns, confidentiality, conflict resolution, and negotiating boundaries. The idea for a joined-up, university-wide network of peer support programs was proposed, as way of creating community and sharing good practice. Participants recommended sharing the results widely across the university to

stimulate interest and support for peer support programs, to encourage improved training and supervision, and to generate additional social events for peers.

## **Discussion**

This is the first known study to explore university peer supporters' experiences during the COVID-19 pandemic. We aimed to first explore peers' perspectives on how and for whom peer support was implemented in the pandemic context. We found that participants reported that peer support continued to be implemented peri-pandemic, across programs focused on academic, social and/or emotional support provision. We additionally found that the pandemic was perceived as contributing to increased mental health problems and concomitant demand for peer support, with many students reportedly drawn to peer mentoring by its perceived accessibility. However, wider uptake of peer support programs may have been limited by a lack of awareness and concerns about the credibility of peer support among some students.

We additionally aimed to discover with what effects peer support was implemented, again with a focus on the experience of the peers. We found that peer supporters typically assumed a number of roles, and their dual status as both a student-peer and helper required a constant negotiation of boundaries, with many participants struggling to set appropriate limits. We note the broad similarity in experiences of supporters across the diverse range of programs represented in this study. Supporters were attentive to emotional distress in their supportees even when the specific peer support program was ostensibly focused on providing academic support. Moreover, peer supporters representing all program types identified similar challenges around the multiplicity of the role and in managing boundaries and expectations about the nature and content of support that they could provide. Moreover, peer supporters were self-conscious about their (lack of) expertise and credibility in the eyes of some prospective supportees. Previous studies do not suggest that this scepticism is shared by supportees themselves.<sup>17,21</sup> Other research has identified concerns among students about the capability of university professionals to support them with mental health problems.<sup>27</sup> A network of easily

accessible, well-connected, and non-stigmatising services, which include peer support programs, appears to best meet the needs of university students.<sup>14,27</sup>

The current study adds to the relatively limited evidence base on the diversity of peer support roles and potential benefits for those providing and accessing peer support programs.<sup>10,17,21</sup> The study additionally adds to the literature on training and support needs of peer supporters.<sup>13,28</sup> We found that many peer supporters struggled with a lack of clearly articulated practice models and difficulties in maintaining a planned and purposeful supportive relationship, related in large part to inadequate training and supervision. The nature of training varied from no training to one or a brief series of in-person or online training sessions. Supervision varied from none to minimal peer support to regular and formalised support with an institutionally-employed supervisor. Although varying highly by program, peers across all models – academic, social and emotional support-focused – identified that the training and supervision provided did not feel substantial enough to support them in their roles. Training and supervision provisions have been identified as key risks in previous research on peer support implementation<sup>17</sup> and, to be adequate, may necessitate intensive supervision including during vacation periods<sup>22</sup>. The participant validation stage of our study additionally emphasised the need to maintain the remote mode of delivery due to its perceived accessibility. Other research has suggested that even if students prefer the practical ease of online support, some may struggle to practically apply knowledge without face-to-face sessions.<sup>29</sup> Thus, a hybrid model comprising a mix of online and in-person sessions may provide a suitable balance.

### **Limitations and strengths**

Our study is limited by not involving supportees and by taking place in one university in the South-East of England. Our study design did not permit direct comparisons with pre-pandemic support, and thus assumptions regarding an increased demand reflected supporters' anecdotal experiences only. Interviews and focus groups were conducted and coded by one author. However, all authors were involved in the analysis and the themes were validated from the peer supporters' perspective. The

involvement of the student perspective, both in authorship and study delivery and through the participant validation group (although low in number), is another key strength of the study. We also sampled from a variety of peer support programmes, both university-commissioned and student-led, and which differed with respect to the focus of their offer. This strengthens the generalisability of findings beyond any single peer support program.

## **Conclusion**

Peer support seems to have offered an important outlet for many students experiencing loneliness, isolation, and distress during the pandemic. The rapid actions taken to expand peer support meant that training/supervision were often inadequate. This left peer supporters ill-equipped to manage high levels of emotional distress among supportees and complex interpersonal dynamics at a time when they too were managing the far-reaching impacts of the pandemic. Nevertheless, peer supporters managed to offer authentic and dedicated support, which often went above and beyond the formal expectations of their role. Peer supporters themselves drew strength from seeing their supportees meet academic and social challenges presented during the pandemic. Further refinement and expansion of peer support programs should focus on regular effective supervision and training to manage the complexities of the role and protect peer supporters' own wellbeing.

## **References**

1. Savage MJ, James R, Magistro D, et al. Mental health and movement behaviour during the COVID-19 pandemic in UK university students: Prospective cohort study. *Ment Health Phys Act.* 2020;19:100357. doi:10.1016/j.mhpa.2020.100357
2. Evans S, Alkan E, Bhangoo JK, Tenenbaum H, Ng-Knight T. Effects of the COVID-19 lockdown on mental health, wellbeing, sleep, and alcohol use in a UK student sample. *Psychiatry Res.* 2021;298:113819. doi:10.1016/J.PSYCHRES.2021.113819
3. Li Y, Wang A, Wu Y, Han N, Huang H. Impact of the COVID-19 Pandemic on the Mental Health of College Students: A Systematic Review and Meta-Analysis. *Front Psychol.* 2021;12. doi:10.3389/FPSYG.2021.669119/FULL
4. Thorley C. *Not by Degrees: Improving Student Mental Health in the UK's Universities.*; 2017. <https://www.ippr.org/publications/not-by-degrees>

5. Prince JP. University student counseling and mental health in the United States: Trends and challenges. *Ment Heal Prev.* 2015;3(1-2):5-10. doi:10.1016/J.MHP.2015.03.001
6. Defeyter MA, Stretesky PB, Long MA, et al. Mental Well-Being in UK Higher Education During Covid-19: Do Students Trust Universities and the Government? *Front Public Heal.* 2021;9:436. doi:10.3389/FPUBH.2021.646916/BIBTEX
7. Reavley NJ, McCann T V., Jorm AF. Mental health literacy in higher education students. *Early Interv Psychiatry.* 2012;6(1):45-52. doi:10.1111/J.1751-7893.2011.00314.X
8. Byrom N. An evaluation of a peer support intervention for student mental health. <https://doi.org/10.1080/0963823720181437605>. 2018;27(3):240-246. doi:10.1080/09638237.2018.1437605
9. Penney D. *Defining "Peer Support": Implications for Policy, Practice, and Research.*; 2018.
10. Gershenfeld S. A review of undergraduate mentoring programs. *Rev Educ Res.* 2014;84(3):365-391. doi:10.3102/0034654313520512
11. Suresh R, Alam A, Karkossa Z. Using Peer Support to Strengthen Mental Health During the COVID-19 Pandemic: A Review. *Front Psychiatry.* 2021;12:1119. doi:10.3389/FPSYT.2021.714181/BIBTEX
12. Huang J, Nigatu YT, Smail-Crevier R, Zhang X, Wang J. Interventions for common mental health problems among university and college students: A systematic review and meta-analysis of randomized controlled trials. *J Psychiatr Res.* 2018;107:1-10. doi:10.1016/J.JPSYCHIRES.2018.09.018
13. Gulliver E, Byrom N. *Peer Support For Student Mental Health.*; 2014.
14. Hughes G, Spanner L. *The University Mental Health Charter.*; 2019. Accessed February 17, 2021. [https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/191208\\_umhc\\_artwork.pdf](https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/191208_umhc_artwork.pdf)
15. McIntyre JC, Worsley J, Corcoran R, Harrison Woods P, Bentall RP. Academic and non-academic predictors of student psychological distress: The role of social identity and loneliness. *J Ment Heal.* Published online February 2018:1-10. doi:10.1080/09638237.2018.1437608
16. Bu F, Steptoe A, Fancourt D. Who is lonely in lockdown? Cross-cohort analyses of predictors of loneliness before and during the COVID-19 pandemic. *Public Health.* 2020;186:31-34. doi:10.1016/j.puhe.2020.06.036
17. Crisp G, Cruz I. Mentoring College Students: A Critical Review of the Literature Between 1990 and 2007. *Res High Educ* 2009 506. 2009;50(6):525-545. doi:10.1007/S11162-009-9130-2
18. Siddiqui S, Morris A, Ikeda DJ, et al. Scaling up community-delivered mental health support and care: A landscape analysis. *Front public Heal.* 2022;10:992222. doi:10.3389/fpubh.2022.992222
19. Wykes T, Mueser K, Penn D, Sweeney A, Simpson A, Giacco D. Research and mental health

- during COVID-19—advice and some requests. <https://doi.org/101080/0963823720212015063>. 2022;30(6):663-666. doi:10.1080/09638237.2021.2015063
20. Marshall M, Dobbs-Oates J, Kunberger T, Greene J. The peer mentor experience: benefits and challenges in undergraduate programs. <https://doi.org/101080/1361126720211899587>. 2021;29(1):89-109. doi:10.1080/13611267.2021.1899587
  21. Stigmar M. Peer-to-peer Teaching in Higher Education: A Critical Literature Review. <http://dx.doi.org/101080/1361126720161178963>. 2016;24(2):124-136. doi:10.1080/13611267.2016.1178963
  22. Colvin JW, Ashman M. Roles, Risks, and Benefits of Peer Mentoring Relationships in Higher Education. <http://dx.doi.org/101080/13611261003678879>. 2010;18(2):121-134. doi:10.1080/13611261003678879
  23. Crisp DA, Rickwood D, Martin B, Byrom N. Implementing a peer support program for improving university student wellbeing: The experience of program facilitators: <https://doi.org/101177/0004944120910498>. 2020;64(2):113-126. doi:10.1177/0004944120910498
  24. Seery C, Andres A, Moore-Cherry N, O’Sullivan S. Students as Partners in Peer Mentoring: Expectations, Experiences and Emotions. *Innov High Educ*. 2021;46(6):663-681. doi:10.1007/S10755-021-09556-8/FIGURES/1
  25. Clarke V, Braun V. *Thematic Analysis: A Practical Guide*. Sage Publications Ltd; 2021.
  26. Clarke V, Braun V. *Successful Qualitative Research: A Practical Guide for Beginners*. Sage; 2013.
  27. Barnett P, Arundell L-L, Matthews H, Saunders R, Pilling S. ‘Five hours to sort out your life’: qualitative study of the experiences of university students who access mental health support. *BJPsych Open*. 2021;7(4). doi:10.1192/BJO.2021.947
  28. Thomson S, Michelson D, Day C. From parent to “peer facilitator”: a qualitative study of a peer-led parenting programme. *Child Care Health Dev*. 2015;41(1):76-83. doi:10.1111/CCH.12132
  29. Rastegar Kazerooni A, Amini M, Tabari P, Moosavi M. Peer mentoring for medical students during the COVID-19 pandemic via a social media platform. *Med Educ*. 2020;54(8):762-763. doi:10.1111/medu.14206



Table 1: Peer support programs as represented by study participants

Name	Organised by	Formal purpose	Payment	Training	Supervision	Participant n
Peer mentors	University, per faculty	Academic and university life skills support	Paid	Yearly standardised training focused on providing structured academic support, supporters' communication skills and provision of signposting	Varies by faculty; includes some mixture of informal support from other peer mentors, academic staff and/or professional services; yearly progress and reflection meeting	6
Course representatives	University, per course	Support for issues affecting the student learning experience	Voluntary	One standardised online training module, with variable use per course, focusing on academic support; university inclusion and committee	Peer support group, facilitated by professional services staff; peer-led WhatsApp group	3



				attendance; peer-created written guidance		
Buddies	Student Union	Social support	Voluntary	Brief online training quiz	None	2
Research scholars	University, library	Academic research support	Paid	Brief training on helping students with research skills	Named contact person, but no supervision provided	1
Student connectors	University	Supporting students to engage in projects that improve student experience	Paid	One session on team-building, communication and problem-solving skills	Fortnightly meetings with line manager; twice-termly cohort progress and reflection meeting	1
Peer-assisted learning mentors	University, single faculty	Academic support	Paid	None	Minimum fortnightly peer supervision; email contact with heads of departments and head of faculty	1

“Tea and talk” peer supporters	Student-led	General and emotional support	Voluntary	Brief training on supporting students with emotional difficulties	Named supervisor and planned peer supervision, rarely any supervision in practice	1
-----------------------------------	-------------	----------------------------------	-----------	---	--	---

Note: One participant was a peer supporter for three different programs.

