PEER SUPPORT IN COLLEGE MENTAL HEALTH INITIATIVES:

LEARNING FROM THE PEER SUPPORT MOVEMENT

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MHA
Mental Health America

Copeland Center
FOR WELLNESS AND RECOVERY

Temple University
Collaborative
On Community Inclusion of Individuals with Psychiatric Disabilities

DOORS TO
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EXECUTIVE SUMMARY

With growing demand for comprehensive mental health services in higher education, students and campus leaders have identified student peer support programs as an alternative or supplement to traditional clinical services and approaches. However, this trend has been met with concerns from administrators, campus leaders, and students on issues including providing adequate training for students and ensuring students are prepared to respond to mental health crises.

Although these concerns have been documented, there is limited information available about the experiences of individuals who participate in or lead campus peer programs. Further, the growth of college peer support programs has not been well-connected to the decades of expertise and resources developed in the broader peer support movement in the US.

To address this gap, this paper shares the results of a survey of 85 participants and leaders in college mental health peer support programs in addition to five one-hour interviews with selected survey respondents. It then combines survey and interview findings with available resources and information developed and led by peers or peer-run organizations.

KEY THEMES AND RECOMMENDATIONS

1) Elevate student and lived experience leadership.

- Program and decision-making between staff-developed and led programs and student-developed and led programs vary.
- Student-led programs address a broader range of issues that impact student engagement and inclusion in higher education, including offering group activities and academic support.

2**) Ensure adequate and comprehensive peer support training.**

- Most students in peer programs believe they have adequate training to provide support.
- Students in peer programs are interested in additional training on systems and equity, including navigating community and resources, practicing cultural humility, and understanding specific mental health experiences like psychosis and self-harm.

3) Prioritize trauma-informed and human rights-focused approaches to mental health crises.

- Campuses' concerns about liability and legal risk shape their support for programs, whether that is providing support or discouraging students from creating programs.
- Students are also concerned about having the tools to respond to mental health crises.
- Students want resources to help them maintain student rights, including a deeper understanding of disability accommodations, psychiatric advance directives, and medical withdrawals.

4) Invest in the future of college peer support and the broader mental health ecosystem.

- Peer support programs need dedicated funding to grow and sustain their programs.
- Students want educational resources to grow their programs and learn from other campuses.
- Peer programs can be used to create pathways to the future of mental health, including exposing students to careers and opportunities to work in mental health.

BACKGROUND

There has been more than a decade of increased mental health help-seeking on college campuses, and the effects of the COVID-19 pandemic have exacerbated the growing youth and young adult [mental health crisis](). With limited mental health resources, peer-to-peer models have been identified as a way to support students who may not want or have access to traditional services (e.g., counseling departments). Peer models offer a promising, [evidence-based]() approach to increasing access to support for students in settings where staffing shortages, lack of cultural responsiveness and representation among providers, isolation, or distrust of mental health services are in play. Moreover, even if or when adequate counseling services are available, peer-to-peer models provide distinct opportunities for support grounded in mutuality and empowerment, and address other goals, like building community and navigating disability services, that matter to college students with mental health concerns.

While [many students want peer programs](), especially Black, Transgender, and first-generation students, concerns about adequate training, boundaries, liability, and mental health crises can create push-back from campus leadership. Further, students may not have easy access to training or resources to help them launch and sustain peer programs.

APPLYING LESSONS AND WISDOM FROM THE PEER MOVEMENT TO HIGHER EDUCATION

While peer support may be expanding on college campuses across the country, a robust peer support movement has existed for many decades in mental health in the US. Led by people with lived experience of mental health challenges, its roots are tied to deinstitutionalization in the 1970s when individuals leaving state psychiatric hospitals built communities and programs to meet their needs based on shared experiences and knowledge. In response to oppressive systems and services, these peer-developed and driven resources focused on human rights, social justice, hope, empowerment, and mutual aid in non-hierarchical contexts. Peer supporters and advocates co-created peer values, including a focus on strengths, open-mindedness, and voluntariness, to reimagine how systems and programs could operate. Just as college peer programs offer a wide range of formats, including peer listening, text-based support, and others highlighted in the Mary Christie Institute's *Peer Programs in College Student Mental Health* report, programs built within the peer support movement span a variety of settings and formats, including warmlines and peer-run respites.

While campus and non-campus-based programs share a focus on non-clinical support, the term "peer" can vary depending on the program and context. In higher education, peer programs typically refer to other students, while peer movement and peer specialist programs are often associated with mental health diagnoses and public mental health services. Regardless of the type of 'peer,' knowledge and resources from the peer movement are relevant to higher education, particularly as an increasing number of college students are experiencing mental health distress and seeking mental health services. Peer support's proven ability to increase hope, social connectedness, and confidence, while reducing things like depression and substance use, is important for college students no matter where they fall on the mental health spectrum.

Just as the peer movement started in response to the limitations of mental health systems, peer support and lived experience-driven initiatives on college campuses are also increasing at a critical time with limited resources. Both shifts also demonstrate the power of community members to transform mental health resources. No matter the differences in populations and current program design, students and leaders can learn from and build relationships with peer organizations and leaders to create, implement, and sustain effective peer support organizations and programs.

This paper discusses the results from a survey of 85 people involved with mental health campus peer support programs, in addition to interviews with five leaders from campus mental health peer support programs. It then integrates relevant learning and resources from the broader peer support movement and community.

Based on the feedback from student leaders and survey respondents, campus peer programs should:

- Elevate student and lived experience leadership,
- Ensure adequate and comprehensive peer support training,
- Prioritize trauma-informed and human rights-focused approaches during mental health crises, and
- Invest in the future of college peer support and the broader mental health ecosystem

By bridging gaps between the peer support movement and programs with college campuses, peer supporters and peer advocates can advance access to effective peer support that can enhance the mental health and lives of college students.

PROCESS

An online survey was developed and advertised through the Substance Abuse and Mental Health Services Administration's National Consumer Technical Assistance Center Doors to Wellbeing, the Temple University Collaborative on Community Inclusion, Mental Health America, peer support networks, and partners. We received 150 responses about various peer support programs on college campuses across the United States. In this report, we focus on responses from the 85 peer support programs that reported an explicit focus on mental health conditions.

In addition to these responses, we conducted five one-hour interviews with peer support leaders and participants in five programs that varied in their structure (e.g., student-run, staff-partnered, community-based), funding (e.g., grant-funded, philanthropic funding, school-funded), regions (South, mid-Atlantic, North-east, Appalachian, and Midwest), and focuses (support groups, direct advocacy, addiction, Disability, and general mental health).This report explores our survey findings alongside findings from expert interviews. For the purposes of this report, student-led programs refer to programs created by students alone or by students with staff taking a supportive role.
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150 survey responses

"85 peer support programs reported an explicit focus on mental health conditions"

ELEVATE STUDENT AND LIVED EXPERIENCE LEADERSHIP

LEADERSHIP AND DECISION-MAKING POWER VARY BY PROGRAM

Lived experience provides key insights that academic and professional experience may miss.

In higher education, the integration of lived experience is especially important for students from marginalized communities, including first-generation, Black, Indigenous, and People of Color (BIPOC), LGBTQ+, and low-income students who face disparities and discrimination, including in mental health resources and services, not faced by their peers. Hart's Ladder, a framework often used in youth development, provides guidance on the different degrees and approaches to youth lived experience that is incorporated in programs and organizations. Options include consulting youth, adults leading and sharing decision-making with youth, youth leading and making decisions, and shared decision-making with youth and adults.
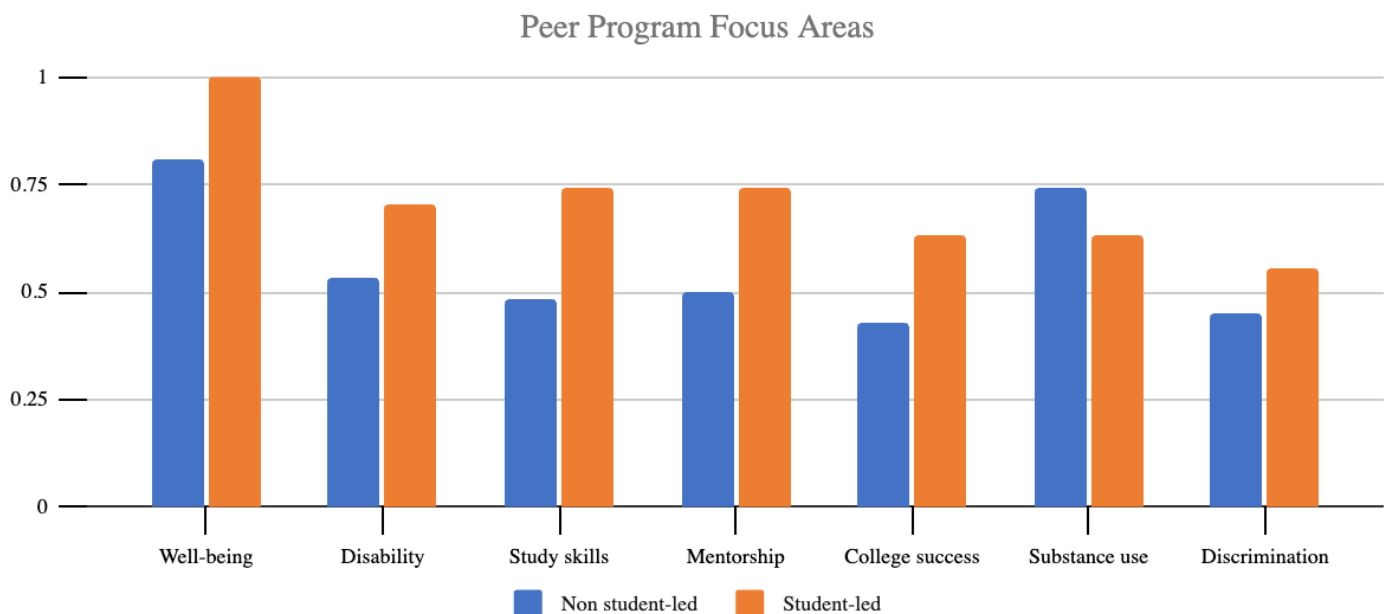
While not all college students are youth and young adults, these distinctions show up and have implications for the peer programs offered on college campuses. Student peer support programs may be completely student-run, collaborate with staff, or be staff-led. Alternatively, organizations outside the campus structure, including nonprofits, tech companies, and treatment centers, have peer programs connected to campuses. Among the 85 college peer support programs represented in the survey, decisions were most likely made by students with the support of staff (25%), followed by staff with the support of students (22%), staff (15%), and students alone (7%). A significant number of survey respondents (30%) indicated that students or staff did not make decisions. These respondents indicated that other factors, including a program model, off-campus organization staff, and grant program requirements, were the basis for decision-making.

STUDENT-LED PROGRAMS ADDRESS A BROADER RANGE OF ISSUES THAT IMPACT STUDENT ENGAGEMENT AND INCLUSION IN HIGHER EDUCATION
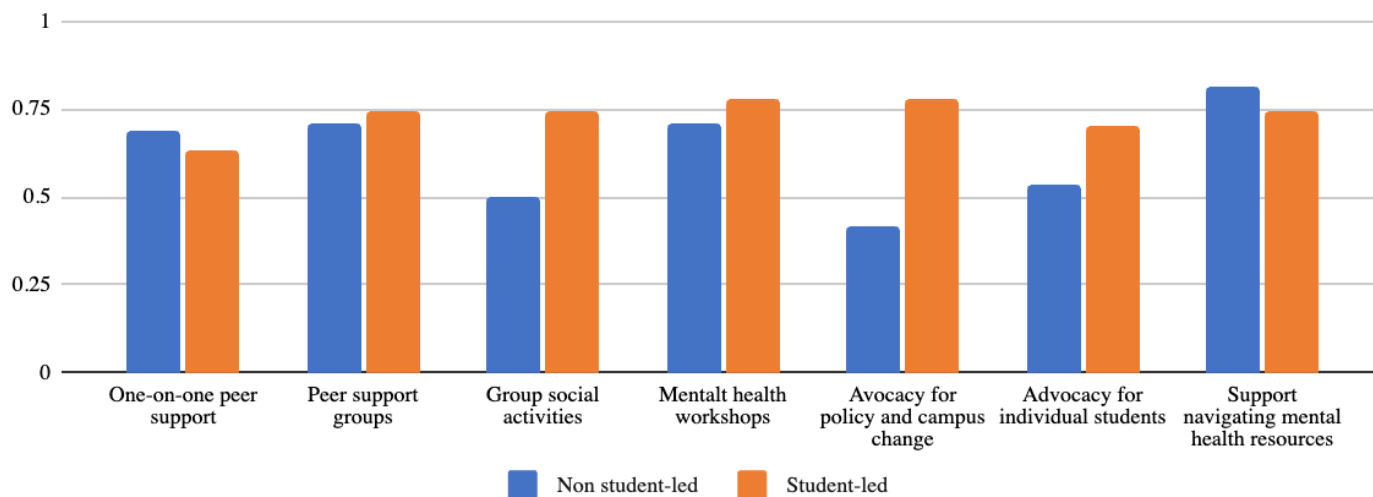
For students, decision-making and leadership can influence the type of programs they are interested in and their experience with said programs. For example, interviewees noted that students who participate in staff-led programs, particularly under the counseling center, may experience the programs as more clinical compared to student-led programs. For students looking solely for mental health services, these programs may effectively meet their needs.

Alternatively, student-led programs report a larger variety of focuses and opportunities that are responsive to a student's holistic needs. For example, these programs are more likely to promote community inclusion with a greater focus on offering group activities (74% vs. 50%) providing individual-level advocacy (70% vs. 53%), providing resources on academic skill building (74% vs. 48%), and creating mentorship opportunities (74% vs. 50%). As a result, students who access staff-led programs may still choose to engage in the broader resources that student-led programs offer.
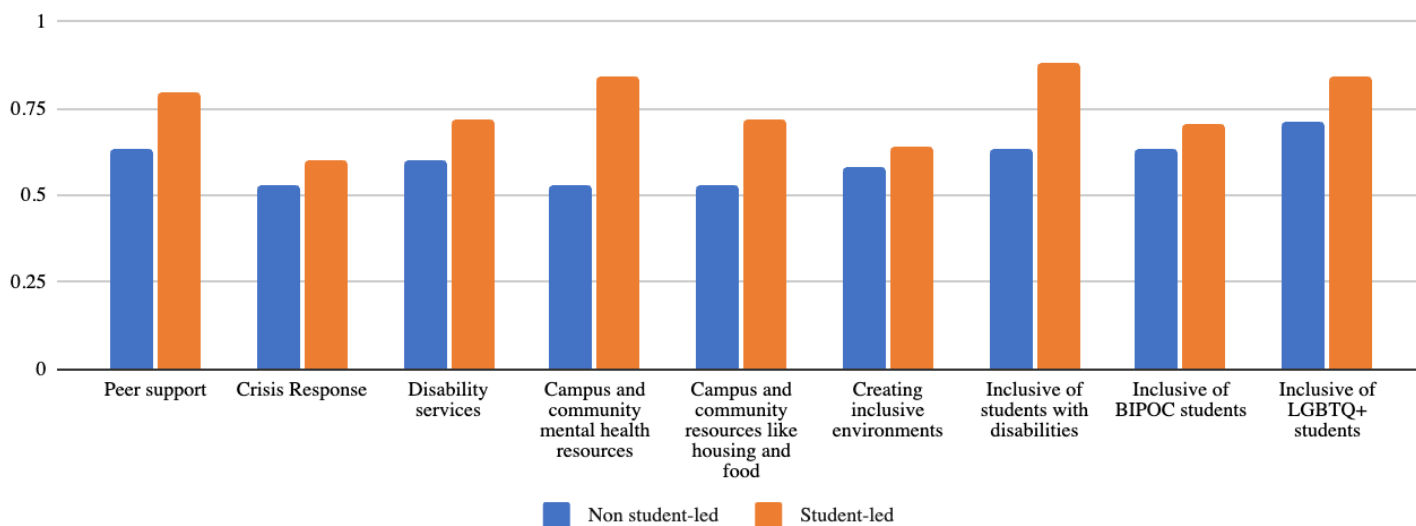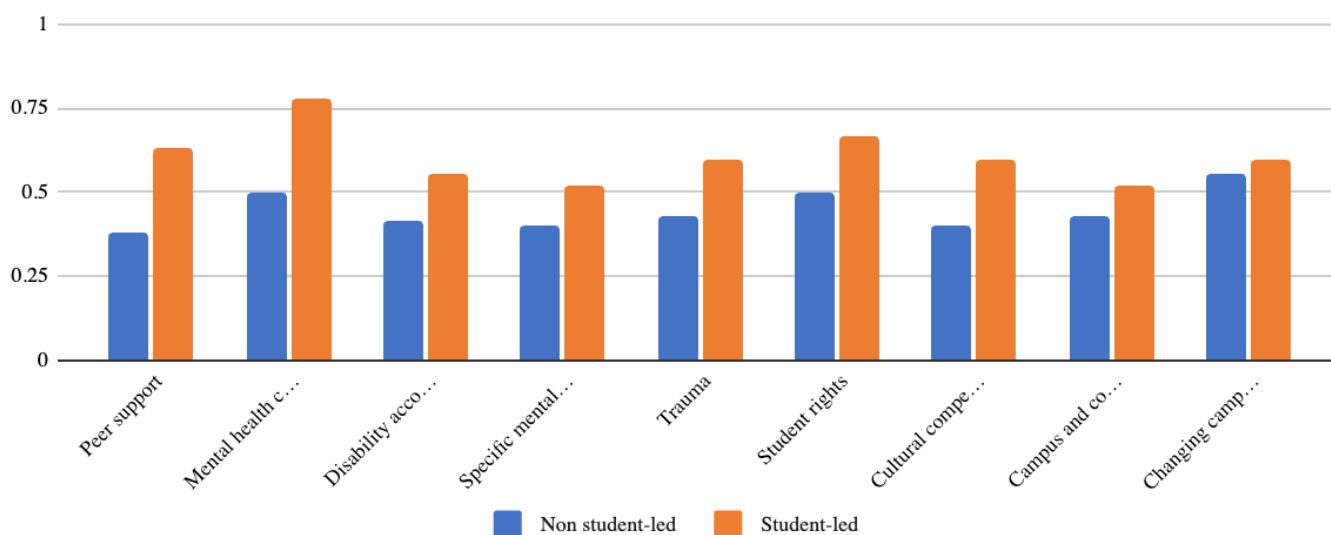
SURVEY RESULTS

Peer Program Focus Areas

Activities Offered by Peer Programs

Categories (left to right): One-on-one peer support, Peer support groups, Group social activities, Mentalt health workshops, Avocacy for policy and campus change, Advocacy for individual students, Support navigating mental health resources

Legend: Non student-led (blue), Student-led (orange)

My program has

Categories (left to right): Peer support, Crisis Response, Disability services, Campus and community mental health resources, Campus and community resources like housing and food, Creating inclusive environments, Inclusive of students with disabilities, Inclusive of BIPOC students, Inclusive of LGBTQ+ students

Legend: Non student-led (blue), Student-led (orange)

My program would benefit from additional training in:

Categories (left to right): Peer support, Mental health c..., Disability acco..., Specific mental..., Trauma, Student rights, Cultural compe..., Campus and co..., Changing camp...

Legend: Non student-led (blue), Student-led (orange)

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ENSURE ADEQUATE AND COMPREHENSIVE PEER SUPPORT TRAINING

MOST STUDENTS IN PEER PROGRAMS BELIEVE THEY HAVE ADEQUATE TRAINING TO PROVIDE SUPPORT

Effective training is fundamental to creating and sustaining peer programs and has implications for those giving and receiving support. A 2022 survey of counseling center directors found that personal risks to students providing and receiving peer support were their top concerns when considering supporting peer mental health programs. For example, absent clear boundaries and understanding of their roles, peer supporters may drift into behaving more like a therapist than a peer. On the other hand, individuals receiving support may have negative experiences like receiving well-intentioned but directive medical or mental health advice.

While 69 percent of those surveyed believed they had adequate basic peer support training, leaders or those interested in peer programs should consider existing guidance, like the Substance Abuse and Mental Health Services Administration's (SAMHSA) Core Competencies for Peer Workers in Behavioral Health Services and the National Association of Peer Supporters' National Guidelines for Peer Supporters, to help develop and evaluate their training. In addition, leaders may seek support from other campus peer organizations or national, state, or local peer-run programs and organizations.   They can also receive training and technical assistance from one of the SAMHSA's National Consumer and Consumer Supporter Technical Assistance Centers dedicated to advancing peer support.

NATIONAL ASSOCIATION OF PEER SUPPORTERS' NATIONAL PRACTICE GUIDELINES FOR PEER SUPPORTERS		
1. Voluntary	5. Respectful	9. Equally shared power
2. Hopeful	6. Facilitate change	10. Strengths-focused
3. Open-minded	7. Honest and direct	11. Transparent
4. Empathetic	8. Mutual and reciprocal	12. Person-driven

STUDENTS IN PEER PROGRAMS ARE INTERESTED IN ADDITIONAL TRAINING ON SYSTEMS AND EQUITY

Survey respondents were interested in a variety of additional training opportunities, including more training on changing campus policies (56%), navigating community resources (46%), disability accommodations (46%), and cultural competency and humility (46%). Training on cultural competency and humility and the prioritization of support and resources for Black, Indigenous, and People of Color (BIPOC) students is critically important, particularly as only 66% of respondents agreed or strongly agreed that programs were inclusive of BIPOC students. Additionally, there is a need for increased accessibility of programs for LGBTQ+ and Disabled students, where 76% and 72% agreed or strongly agreed that their programs were inclusive.

Training can be offered through partnerships with other on-campus entities as well as peer organizations. For example, student peer organizations can build relationships with disability services staff to educate student participants on disability and local peer and social services organizations to map community resources available to meet student needs. Programs can provide this information directly to participants or integrate training on peer navigation so students can directly aid their peers in finding and accessing the resources that are right for them.

Students also reported a high interest (44%) in training on specific mental health challenges. Several interviewees acknowledged that students face different degrees of acceptance based on what they are struggling with. For example, a peer support program may emphasize wellness and understanding when stress and burnout can become anxiety and depression. The students providing and receiving peer support may not understand or be responsive to experiences like psychosis and self-harm that interviewees noted were more stigmatized, leaving students dealing with these challenges feeling alienated or with limited places to go.

Students looking to learn more about varying approaches and experiences in mental health can turn to lived experience-driven training like those offered by Project LETS. Project LETS provides education and offers a peer support model specifically for students with psychiatric diagnoses or disabilities. While not all programs have to be focused on disability, all peer programs should provide information on topics and challenges across mental health and should ensure their advocacy reflects the full spectrum of students' mental health needs on campuses.

PRIORITIZE TRAUMA-INFORMED AND HUMAN RIGHTS-FOCUSED APPROACHES TO MENTAL HEALTH CRISES

CAMPUS' CONCERNS ABOUT LIABILITY AND LEGAL RISK SHAPE THEIR SUPPORT FOR PROGRAMS

While the vast majority of survey respondents (78%) stated that their schools supported their programs, multiple individuals in our interviews reported that risk and reputation were critical in whether or not a college supported their work. Students report that fear of liability and litigious campus cultures are barriers to support from administrators and campus leaders. Additionally, some leaders and clinicians perceive mental health support without clinical oversight as a safety risk for students providing and receiving support. However, published literature from the mental health consumer movement has documented that these fears are often tied to values that prioritize professionalism over other forms of support rather than actual harm and has offered recommendations for reducing common concerns about consumer or peer-delivered services. Additionally, similar concerns about liability have failed to materialize in the broader mental health field, and reluctance or failure to refer individuals to peer support groups is misaligned with the current standard of care, which identifies peer support as an important part of care.

Concerns about safety and liability can be barriers to support; however, a crisis is sometimes the impetus for action, driven by community outcry and public pressure. Fifteen percent of survey respondents stated their programs started in response to a campus mental health crisis like a student suicide. Student-led programs were more likely to be created following a campus crisis (26% vs 10%), although student advocates may only get increased support from campus leaders and their peers following a crisis

In one interview, a program leader reported that initial university support was quickly withdrawn, making their leadership team feel that support was more related to public attention in the aftermath of a crisis than long-term student needs.

From the student perspective, overemphasis on risk management and reporting may impact honesty and engagement with resources. For example, a student in distress may feel as if they are being monitored or evaluated by their peers depending on their training and communication around crisis response. A sense that you are being viewed as a risk, as opposed to another student in distress, can disrupt mutuality and create fear that sharing will be repeated or reported to campus leadership or authorities.

To balance the need for connection with concerns for well-being and safety in crisis response, programs can look to students who have experienced crises and existing peer support organizations. For example, Fireweed Collective, an organization that offers mental health education and mutual aid through a Healing Justice lens, offers a Crisis Toolkit with peer-driven resources for responding to crises with this balance in mind. Additionally, peers may receive training to support others to develop Wellness Recovery Action Plans (WRAP), an evidence-based approach to maintaining wellness and preventing and responding to crises. In addition to providing specific tools, it is also important to note that peer support programs can help bolster factors that reduce suicide risk like social support, coping skills, and feeling connected to one's community.

STUDENTS ARE ALSO CONCERNED ABOUT HAVING THE TOOLS TO RESPOND TO MENTAL HEALTH CRISES

Concerns about student well-being and safety are not limited to institutional leadership– students in peer programs are also concerned about effectively responding to peers experiencing serious distress. After asking for support in creating promotional materials and recruitment strategies, training on crisis response was the top resource requested by survey respondents (59%), and only 55% believe peer supporters in their programs had adequate training to respond to crises. Student-led are more likely to believe students have adequate crisis response training (60% vs 53%).

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Interviewees' strategies for improving student confidence in crisis response included having formal procedures for responding to peers, increased training on community options and resources for students in crisis, and crisis response training every semester. To maintain the authenticity of peer support, students may work with local or state peer organizations. If not working with these groups, programs should evaluate or adapt their crisis response resources to be more aligned with the core values and practices of peer support in crisis response.

Additionally, peer programs should build relationships with local peer-run crisis response resources, like mobile crisis programs and peer-run respites, and may choose to replicate peer-driven models for responding to mental health crises. For example, students may choose to work with a peer organization to receive training to facilitate Alternatives to Suicide groups, a peer-to-peer model for supporting those with suicidal thoughts.

STUDENTS WANT RESOURCES TO HELP THEM MAINTAIN STUDENT RIGHTS IN MENTAL HEALTH

Many colleges have discriminatory policies and practices, like pressuring students to withdraw from classes unnecessarily, that impact students who experience mental health crises. Despite this pressing issue, few peer programs focus on the rights of students, whether that is understanding disability accommodations, leave of absence policies, or involuntary treatment. Student-led programs are more likely to engage in advocacy for individual students (70% vs 53%), and student-led groups report more interest in training on students' rights (67% vs 50%). Overall, fifty-five percent of survey respondents wanted additional training on the rights of students with mental health conditions to improve their ability to respond and advocate for peers when needed.

Absent an understanding of students' rights, peer supporters may inadvertently harm or fail to fully support other students' mental health and holistic needs. For example, a student may confide in a peer supporter that they are unable to keep up with their coursework and think it will lead to a mental health crisis. A supporter trained in the rights of students may support their peer emotionally and provide connections to disability services where the student can discuss modifying their workload and develop a plan for what to do if they experience a mental health crisis. Trained peer supporters can also help students create Psychiatric Advance Directives, which are legal tools that give individuals the opportunity to document their treatment preferences prior to a crisis. Doors to Wellbeing provides training for peers to support others in developing Psychiatric Advance Directives.

These alternatives and partnerships can help ensure a human rights-oriented approach in crisis response and equip peers to not only advocate for those they support but also to provide students with tools and information to advocate for themselves.

RESOURCES ON STUDENTS' MENTAL HEALTH RIGHTS

- Supporting College Students: Mental Health and Disability in Higher Education (Mental Health America)
- Campus Mental Health: Know Your Rights (Bazelon Center for Mental Health Law)
- Model Policy for Colleges and Universities (Bazelon Center for Mental Health Law)
- Taking A Leave of Absence: A Guide for College Students (Ruderman Family Foundation)
- Taking a Leave of Absence: A Guide for Campus Leadership, Faculty, and Staff (Ruderman Family Foundation)
- Psychiatric Advance Directives (SAMHSA)
- National Resource Center on Psychiatric Advance Directives
- US Department of Education Office for Civil Rights

INVEST IN THE FUTURE OF COLLEGE PEER SUPPORT AND THE BROADER MENTAL HEALTH ECOSYSTEM

PEER SUPPORT PROGRAMS NEED DEDICATED FUNDING TO GROW AND SUSTAIN THEIR PROGRAMS

While peer programs may be less expensive than clinical services, costs range depending on the program model. Costs can include training for peer supporters, dedicated staff support and supervision, paying peer supporters, campus or rental space, activities like social gatherings and meals, platform costs for virtual options, and administrative costs. In interviews, program leaders reported using a variety of funding streams, including student government dollars, state and federal grants, large donors, and member and alumni fundraising to help finance their work. Because students are typically in school for short periods, program structures and leadership models that take a long-term view can help with identifying and sustaining funding so that programs do not depend on individual leaders who may graduate.

Entities like the [SAMHSA National Consumer and Consumer Supporter Technical Assistance Centers](#) can provide support on peer program sustainability, including funding strategies and organizational structures. Students may also work with peer support or campus mental health policy and advocacy organizations to advance policies that can build out campus programs and statewide peer networks through grants at the federal or state levels.

STUDENTS WANT RESOURCES TO GROW THEIR PROGRAMS AND LEARN FROM OTHER CAMPUSES

With the growing interest in peer support on campuses, respondents wanted resources to help them promote their programs to students (62%) and to advocate for increased investment in peer support on their campuses (49%). More broadly, more than half (58%) are interested in connecting with a network of college peer programs to learn from one another and receive ongoing training and support. Campus programs can develop partnerships or learning collaboratives at the local, state, regional, or national levels to help them implement and grow their programs more effectively. The [National Association of Peer Supporters](#), the [Temple University Collaborative on Community Inclusion](#), SAMHSA-funded [Mental Health Technology Transfer Centers](#), and [Mental Health America](#), including its [Center for Peer Support](#), all provide resources and opportunities for connection on college and young adult peer support that students can use.

PEER PROGRAMS CREATE PATHWAYS FOR THE FUTURE OF MENTAL HEALTH

In addition to meeting students' needs now, college peer programs provide tools students can use in the future and expose students to potential futures in mental health. By giving students the opportunity to do direct work in mental health, they can explore their interests in direct service, like pursuing careers in peer support or social work, and other areas of mental health including policy, program design, and organizational leadership. An introduction to peer models that align with the core values of peer support can also help shape the future of services, research, and organizations to be more empowering, nonhierarchical, and responsive to the needs and wants of those receiving support if students' training and experiences reflect this approach.

SAMHSA
Substance Abuse and Mental Health
Services Administration

CORE COMPETENCIES FOR PEER WORKERS IN BEHAVIORAL HEALTH SERVICES

Core Competencies, Principles and Values

Core Competencies for peer workers reflect certain foundational principles identified by members of the mental health consumer and substance use disorder recovery communities. These are:

RECOVERY-ORIENTED: Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

PERSON-CENTERED: Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.

VOLUNTARY: Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice. **RELATIONSHIP-FOCUSED:** The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.

TRAUMA-INFORMED: Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

CONCLUSION

The demand for peer programs in higher education is on the rise as students and administrators look to meet the growing and evolving needs of students. As these initiatives expand, it is essential for programs to look to the peer support movement that has been leading with values of mutuality, hope, and empowerment for decades. Collaboration between student leaders, administrators, and peer support organizations can more effectively advance student-driven peer programs, build stronger community relationships, and create more opportunities to change the present and future of mental health services and resources in this critical moment.

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