Peer support and children and young people's mental health

Introduction and background

Research from the 2015 *Future in Mind* report (Department of Health, 2015) showed that, when young people are experiencing difficulties or concerns, their first choice is often to discuss these with their friends and peers. Many schools already provide peer support schemes on a wide range of topics including friendships, transition and bullying and some run peer support programmes for mental health. Community and voluntary organisations are also developing and running schemes to develop peer support for young people's mental health.

The Department for Education (DfE) recently established a Steering Group and a wider Advisory Group with the aim of identifying ways to increase and improve the quality of peer support for mental health which schools offer to children and young people. In order to inform these groups, DfE commissioned a literature review in January 2016 to provide information on the value and effectiveness of peer support in improving mental health outcomes. The aim of this review was to add an objective assessment of the evidence to the groups' conclusions, which is being used to shape work in this area. It was completed between January and May 2016, with additional information provided by stakeholder engagement and consultation. The review focussed on interventions for children and young people of school age, and on studies carried out in the last ten years. It aimed primarily to identify interventions with a focus on mental health, although it also included peer support for related topics such as bullying, transitions, wider wellbeing and friendship.

Key findings

Mental health: Context and background

- The literature covers two aspects of mental health; mental ill-health and mental well-being. Mental ill-health covers diagnosable illness such as depression or anxiety disorders. Mental well-being concerns how people feel about their lives; it is described in the *Foresight* report as a 'dynamic state in which the individual is able to develop their potential, work productively and creatively build strong and positive relationships with others and contribute to their community'.

- There has for some time been concern about a 'hidden epidemic' of mental health issues in the UK amongst children and young people. Research has shown that mental health disorders manifest themselves at a young age; more than 75 per cent before the age of 25. Mental health problems are linked to poor educational outcomes and to increased involvement in crime or anti-social behaviour.

- The most robust national data on the mental health of children and young people comes from the National Survey among Children and Young People in Britain which was published by the Office for National Statistics (ONS) in 2004. It revealed that one in 10 individuals aged between 5 and 16 had a diagnosable mental health disorder and 6 per cent had a conduct or behavioural disorder. A further study comparing results from 2 surveys in 2009 and 2014 (Fink et al.) yielded broadly similar results. It did, however, show an overall decrease in boys' mental health problems between 2009 and 2014 and an increase in girl's emotional problems over the same time period.

- An evidence review conducted by Tower Hamlets (2013) highlighted a number of predictive factors for psychiatric disorder in children, including: severe marital discord, paternal criminality, and mood or anxiety disorders in parents.

- Similarly, an ONS report published in 2015 identified a number of factors identified with poor mental health in children and young people. These included: bad parental relationships, particularly quarrelling with mothers, poor body image, unhappiness with school and spending time on a social website.

- Research has identified the importance of coping, i.e. the ability to regulate emotions and behaviour when faced with stress. Some coping skills can be developed through interventions, particularly problem solving, emotional regulation, cognitive restructuring and positive thinking.

School-based activities focussed on mental health

- Activities focussed on mental health in schools include those specifically designed to tackle mental ill-health, those designed to promote positive mental health and those which aim to build resilience. Some initiatives also engage with parents or other agencies.

- In the UK, a wide range of approaches, interventions, programmes, materials and guidance have been tried and sometimes evaluated. Large-scale interventions have included Healthy/Health Promoting Schools, the Primary and Secondary Social and Emotional Aspects of Learning

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(SEAL) programmes and the Targeted Mental Health in Schools (TaMHS) programme in England.

Peer support – what is it and how widely is it used?

- Although there is no agreed definition of peer support, it commonly involves children and young people helping each other in a structured way after receiving training.
- Peer support is used in a number of countries and one particular area of particular growth is in anti-bullying initiatives.
- A number of large peer support programmes have been introduced into schools in recent years. These either focus on bullying or general mental health. Some involve one-to one work and some involve group sessions, for example a group of Year 12 pupils running sessions for younger pupils. In 2009 Houlston and Smith estimated that over half of all schools in the UK had some form of peer support programme.
- A number of the recent peer support programmes have involved on-line support. These include the Cybermentors programme which was set up by Beatbullying (Thompson et al., 2002). There is some evidence that young people with mental health issues are more likely to turn to the internet for support than to professionals (Horgan et al.). On-line projects usually involve monitoring or moderating by teachers or professionals, either to deal with referrals, ensure anonymity is maintained, or deal with more serious cases.
- The review identified a few examples of community-based projects run by voluntary organisations. These were varied, but included group or activity-based projects in particular areas and/or aimed at young people with specific needs. The review did not identify community schemes based on one-to-one support, although this may be because only three community-based projects were covered.

Evidence of overall effectiveness

- There are a number of issues surrounding the collection of robust evidence about peer support schemes. Ansell and Insley (2013) highlight the difficulty of comparing widely diverse schemes. In addition, many schemes have not been evaluated at all, meaning that only a small number out of thousands met the basic criteria for this review. Finally, as Groark and McCall (2008) point out, schemes can take a long time to 'bed down'; the required long-term evaluation of their success is therefore difficult and costly.
- The available evidence can be divided between a small number of projects which have been thoroughly evaluated to measure the impact on participants and larger projects where the evidence is largely self-reported.
- According to the small number of robust impact assessments that have been conducted, the evidence is somewhat mixed. Some studies have identified positive outcomes but others have found no evidence of significant differences resulting from participation. In their review of mental health schemes in schools (mostly from the US), Weare and Nind (2011) conclude that, in relation to interventions which involved peer work, 'the evidence on its effectiveness was mixed'. The recent Nesta review, which focussed on studies related to children and mental health, found positive outcomes in relation to 'experience and emotions' in four studies, although 4 studies showed no significant impact in this area. In relation to 'behaviour and health outcomes', 2 studies show positive benefits, while two show no significant impact (Nesta and National Voices, 2013).
- Several studies looking at self-reported outcomes indicate positive self-reported outcomes for supported young

people, in relation to increased happiness or well-being, improved self-esteem and confidence, and improved social skills or school behaviour. Many studies also note the positive effect of participation for peer supporters, including (self-reported) improvements in skills, self-confidence and relationships. Studies also report that projects can produce wider 'whole school' benefits, bringing positive benefits to the school environment.
- There is little evidence available on group-based projects in schools, and the available evidence indicates a mixed or inconclusive impact.
- A review of on-line projects found evidence of improved outcomes for 2 out of 6 schemes for young people aged 12-25, with the other 4 showing no change. In studies based on self-reported benefits of on-line projects, there were positive benefits of more open discussion of problems or reduction in stigma, with on-line delivery helping to lower sensitivity around the issues.

Reasons for success

- Several studies note the importance of the programme being well run, with a clear focus, strong leadership by a co-ordinator and support throughout the school, including from senior school management. A number of studies stress the value of co-production of schemes by the children or young people themselves.
- Some studies suggest that more formalised projects tend to be more successful. Specific elements of formalised projects include: a structured process of monitoring and evaluation; having a dedicated space for peer support, with dedicated time slots; and formal training of peer supporters and co-ordinators.
- There is a consensus that the success of projects depends on the quality of the peer supporters; specifically trained supporters who are enthusiastic, committed and reliable, and who have strong communication and interpersonal skills. At the same time, the supervision and support provided to peer supporters is described as a key feature of successful schemes.

Risks and reasons for lack of success

- A low take-up of the scheme by pupils, caused by a lack of trust in peer supporters among the pupil population, can lead to peer supporters becoming disengaged. To address this, it is important to have an effective process for selecting peer supporters, and a sound mechanism for support and supervision. Prominent marketing and publicity in school can also help to encourage take-up.
- The review has highlighted that some programmes may have a negative impact on young people (e.g. bullying projects where exposure to others with experience of bullying may re-inforce their attitudes and behaviours). There are also risks of exposing children to unsettling or overwhelming information, particularly in programmes that address more serious mental health issues. This can best be addressed by ensuring that peer supporters are well supported.