

'I'm Not Alone': The Experiences of Peer Supporters Delivering University Based Support

by

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Abstract

Peer support programs at universities are growing, where people who've faced their own mental health challenges help others. These programs could aid in student mental health promotion, but proper support and planning is needed. The dominant challenge of integration into existing systems historically has been role ambiguity, given the multitude of peer support models in place across organizations and a lack of awareness of peer support. This study utilized narrative inquiry, thematic and structural analysis to explore the experiences of university-based peer supporters. Findings indicate the peer support role is centered around sharing similar experiences, addressing the complex needs of international students, student sexual violence, and students hesitant to access mental health support. Maintaining boundaries, and the ambiguity of peer support were identified challenges. Ensuring quality supervision and marketing of peer support to students were suggested as supportive factors.

Dedication

To my sister Emily, thank you for being a role model of conscientiousness, courage, and positivity in the face of adversity. Your incredible work ethic and academic feats, have always been an inspiration for me, and I am excited to see what you accomplish next. To my parents, Brian and Pam, thank you for your ongoing support and encouragement, and for instilling in me the desire to always keep learning. Hopefully finishing this thesis makes you as proud of me, as I am for having you two as my parents. To Sarah, thank you for being my café and library companion, my moral support, and my friend, as this thesis evolved from an idea to a reality. To the rest of my counselling cohort, I am eternally grateful this program brought us all together. To the peer supporters who decided to participate, your insight and experience made this project possible, and your dedication to mental health promotion does not go unnoticed. Our student body is lucky to have you all in its midst.

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Chapter 1 - Introduction

Post-secondary education coincides with the developmental period in which many mental health disorders commonly emerge (Duffy, 2023; Jones et al., 2022). Students report a multitude of academic, financial, and social challenges related to university life (Suresh et al., 2021). The transition to university can be accompanied by increased academic pressure, separation from friends and family, and the adjustment to a new environment, likely contributing to increased rates of mental health concerns and substance use (Jones et al., 2022). University students today are also competing for fewer opportunities against a backdrop of economic uncertainty and rising concerns about the sustainability of our planet (Duffy, 2023). Evidence suggests the COVID-19 pandemic and resulting isolation has particularly affected the mental well-being of younger adults, further exacerbating mental health challenges faced by today's learners (Evans et al., 2021).

Mental health concerns amongst university students are on the rise and university counselling services are facing a growing demand to support student well-being (Crisp et al., 2020). The prevalence of mental health disorders is estimated to be 20.3% among university students, with anxiety disorders being the most prominent (Auerbach et al., 2018). Research has demonstrated a significant upward trend for suicide and self-harm behaviors in the university student population (Sivertsen et al., 2019). Mental health concerns can contribute to academic underperformance or failure, resulting in long-term implications for achievement, career, and life outcomes, highlighting the societal importance of providing adequate support to students (Remskar et al., 2022). Universities are increasingly adopting peer support to supplement counselling services and address the

social and emotional needs of students, as well as promoting retention and academic success (Harper & Allegretti, 2018).

Peer support involves the social and emotional support provided by an individual who has self-identified as having lived experience with mental health, social, psychological, or medical challenges (Fortuna et al., 2022). Peer supporters derive their expertise from their experiences and can utilise the knowledge and awareness gained from these challenges to encourage self-determined personal change in others. At its core, peer support is a system of giving and receiving support provided by and for people with similar experiences (Byrom, 2018).

Peer support is provided in a variety of models, with varying levels of formality, structure, mutuality, and funding (Davidson et al., 2012). Peer support can be delineated into four separate categories: peer-delivered self-help, peer-run services, peer partnerships, and peers in recovery as employees (Fortuna et al., 2022). Support may be provided in a group setting or delivered individually as one-on-one support. Peer in recovery as employees is the fastest growing category of peer support. Peers are hired into designated peer positions and must publicly self-identify as having lived experience with mental health challenges or as a mental health service user themselves. The eligibility criteria for these positions vary widely in terms of education, training, and certification requirements. Titles used to describe peer support positions are often used interchangeably and include peer supporter, peer specialist, mutual help, mutual aid, mutual support, peer workers, or peer mentors (Murphy & Higgins, 2018). Peer supporters will commonly work alongside and collaboratively with other mental health care professionals (Fortuna et al., 2022).

While there is a growing body of literature of peer support delivered by and for university students, the experiences of the students providing support are often overlooked in evaluations of these services (Crisp et al., 2020). This research explores the experiences of student peer supporters in a university setting, seeking to understand their role in mental health promotion, the challenges they face, and their perceptions of how their role can be supported and promoted.

My Story of Peer Support

I felt it most appropriate to share my reflection as a narrative of my experience finding my way to this research, in an attempt to shed light on my own perspective and pre-understandings of peer support prior to undertaking this project. My story of peer support started in my first semester of my graduate program when I received an email calling for volunteers to co-facilitate a peer support group for fellow graduate students. As a budding counsellor, I felt it would be a great opportunity to learn different ways to support others and facilitate groups, something I learned in my group therapy course I had a surprising affinity for. I recognize I had the additional motive of wanting to connect with fellow graduate students, as someone who had just arrived in New Brunswick and was feeling a lack of community. I quickly wrote back expressing my interest and a series of Microsoft Team meetings ensued, that included receiving training about resources on campus, crisis response protocols, and getting to know my fellow peer support facilitators.

I opted to join the in-person group and shakily prepared the night before our first group session was to be held. We were given materials for designated topics each week, such as goal setting, emotions, and test anxiety. I quickly learned these worksheets would

take a back burner to the more pressing issue of how everyone was doing that week. Myself, my co-facilitator, and our peers smoothly slipped into a friendly rapport and the sessions became a place to vent about academic life and living through a global pandemic. The reintroduction of lockdown restrictions forced our peer support sessions to go virtual, which I felt made the sessions more reminiscent of a meeting than a support group. Regardless, it still felt like a place I could go every week to hear similar stories of the imposter syndrome that seems to run rampant amongst graduate students, making me feel less alone in my self-doubt and that perhaps I really could successfully complete a thesis after all.

After having my own positive experience with peer support, when it came time to decide the direction of my research, I decided to pursue a project related to university delivered peer support. As I dived into the literature, I realised how the origins and underpinnings of peer support aligned with my own worldview. In my work as a mental health nurse, I was constantly coming up against ill-fitting systems that failed to address the individual needs of my patients. Too often, a lack of resources or empathy, resulted in patients not being given choice or autonomy over their treatment. The mistreatment and stigmatisation of mental illness amongst mental health professionals was disheartening. I longed to contribute in a meaningful and productive way to mental health care, leading me to apply to graduate counselling programs. As I read about the mission of peer support to increase individual autonomy and its recognition of the strength and value of those living with mental health challenges, I felt like I was reading the words to express how I had been feeling. I decided to learn more about peer support on my campus and

with a strange synchronicity, UNB Counselling Services launched the first year of their peer support program, as my research began.

I recognize that, as a person who does not have lived experience with mental illness or addiction, there are aspects of peer support that I will never fully grasp. All people experience challenges to their mental health, but the severity of those challenges vary and I likely do not possess a full understanding of the implications for peer supporters providing support while simultaneously taking care of their own mental well-being. Additionally, my interest in studying peer support in a university setting may reflect how my own socioeconomic position and privilege attending university have influenced my research process. I pursued a topic based on an experience I had. Lived experience is the essence of peer support, and as a cis-gendered Caucasian woman I cannot fully appreciate the lived experience of under-represented populations as I am significantly represented amongst mental health professionals. My perspective influences what I considered to be pertinent to address in my research questions and what I deemed significant during my analysis. It is important to consider how my privilege has allowed me to be in a position to conduct this research, and the inherent power that accompanies being a researcher and conducting research with people. It was my aim to co-create this research in a collaborative way, ensuring my perceptions that contributed to my analysis accurately portray the stories of participants.

Key Definitions

The following are key concepts related to the research questions.

Peer Support: The use of shared experience to provide social and emotional support, bringing about self-determined personal change in another person, delivered with mutual

agreement by an individual who derives their expertise from self-identified experience with mental health or other social, psychological, and medical challenges (Fortuna et al., 2022).

Mental Health: Defined broadly as the state of mental well-being that allows people to cope with their individual circumstances, recognize their capabilities, learn and work well, and meaningfully contribute to their communities (World Health Organization [WHO], 2022b). It is not merely the presence or absence of mental disorders, rather it is a state of being that exists on a complex continuum, experienced differently by each person.

Mental Illness: Significant alterations in a person's cognition, emotional regulation, or behavior, generally associated with functional impairment in areas of daily living or personal distress (WHO, 2022a).

Mental Health Promotion: Interventions aimed at identifying individual, social and structural determinants of mental health, and then intervening to reduce risk, build resilience and establish supportive environments that promote positive mental health (WHO, 2022b).

Chapter 2 – Literature Review

Peer Support in Mental Health Services

The use of peer support for mental health has become popular in recent years, although evidence of its use has been found to date back as early as the 1800s, perhaps reflecting the natural tendency for shared experience to bring people together to support one another (Cyr et al., 2016; Walsh et al., 2018). Socio-political movements led by individuals with lived experience of mental health difficulties in the 1970s paved the way for peer support to be considered as a viable treatment option and allowed for its integration into the mainstream (Murphy & Higgins, 2018).

People with the common experiences of stigma, discrimination, and trauma associated with institutionalisation and poorly supported deinstitutionalization, came together to support one another outside of the traditional psychiatric models of care that were previously held as the only mental health services available (Mulvale et al., 2018). The Mental Patients Association of Vancouver (MPA), believed to be Canada's first peer-run support organisation, emerged through the patient liberation movement in 1971 (Boschma & Dehane, 2019). Peer support was considered a more acceptable, feasible and accessible service for individuals who no longer held trust in the system following negative experiences involving coercion, overmedication, rights violations, and overly medicalized versions of their stories (Fortuna et al., 2022; Murphy & Higgins, 2018). Instead of a paternalistic system based on the medical model, peer support emphasised empathetic understanding, hope, self-determination, and equality (Mulvale, et al., 2018). Peer support has been identified as a key principle within the research of trauma

informed approaches, given its aim to help mitigate against organisational dynamics that re-traumatize mental health service users (Mahon, 2021).

Given its origins in social activism and positioning in opposition to the ideologies embedded in mainstream mental health systems, it would initially seem peer support would be incompatible with such a system (Murphy & Higgins, 2018). Peer support has evolved from being offered in grass roots, consumer run organisations to now being offered in hospitals, universities, and other community-based clinical settings (Mulvale et al., 2018). Governments across the globe and other institutions are increasingly investing in peer support (Fortuna et al., 2022). Canada's most recent mental health strategy calls for implementing peer support as an essential element of mental health services (Cyr et al., 2016).

It is optimistic that mainstream mental health services may be shifting toward a system that is inclusive of the voices and perspectives of its service users, who have been calling for a major restructuring of the way mental health services are delivered.

Although, the lower cost of employing peer support workers in a system whose resources have been spread thin may be attractive to these institutions (Mulvale et al., 2018). In systems where clients do not receive suitable or timely services, peer support has been suggested as a viable solution (Valley & Abrahams, 2016).

Peer support has been touted as a cost-effective complementary treatment option with the ability to improve mental health outcomes (Mulvale et al., 2018). The literature shows there are potential benefits of peer support in mental health treatment, but a lack of empirical evidence suggests a need for additional research on peer support implementation (Kent, 2019, Fortuna et al., 2022). Qualitative studies have divulged

important insights into some of the more nuanced areas of peer support that, because of their methodological limitations, are not well explored through randomised control trials and meta-analysis (Mahon, 2021).

Reducing hospital admissions is a principal argument in favour of peer support and is cited as a key mechanism in which peer support may result in organisational savings (Cyr et al., 2016). It is estimated 40-60% of hospitalised psychiatric patients will return to hospital within a year of discharge (O'Connell et al., 2018). By providing greater community support to individuals with mental illness, peer support may function to break the cycle of repeated hospitalizations, although there is a lack of strong evidence within the literature.

Repper and Carter (2011) found that the majority of evidence on admission rates suggests engaging in peer support services reduces the number of hospital admissions and results in extended community tenure. O'Connell et al., (2018) also found a statistically significant reduction in re-hospitalization when patients were assigned a peer mentor and hypothesises peer support may uniquely benefit individuals who are less responsive to traditional outpatient care. The authors of this study caution against the generalizability of their results, given the small scale of this study, and they acknowledge that further exploration in the form of confirmatory studies is needed to determine a clear relationship. A systematic review conducted by Llyod-Evan et al. (2014), concluded that there was little to no evidence that peer support interventions affected key illness measures, such as hospitalisation. This review analysed studies of individuals with severe mental illness, suggesting severity of symptoms and type of mental health challenge may

be an important factor when considering the appropriateness of peer support interventions and the relationship with hospitalisation.

The effective use of peer support to address psychiatric symptoms may be limited. Several studies showed no statistically significant improvements in symptom severity following the integration of peer support (Lloyd-Evans et al., 2014; Vayshenken et al., 2016; White et al., 2020). Valley and Abrahams (2016) conducted a meta-analysis and found peer support to have effects of small and medium magnitude on measures of depression and post-traumatic stress, respectively. A systematic review and meta-analysis conducted by White et al., (2020) suggested the benefits of peer support are psychosocial rather than clinical. The results concluded that one-to-one peer support was unlikely to improve clinical outcomes, with no significant effect on psychiatric symptoms. The review found peer support to have a potentially positive impact on measures of working alliance and social network support. Results demonstrated the effects of peer support were significantly greater when delivered as an adjunctive treatment instead of a substitute intervention, suggesting peer support is most effective as a complementary treatment option. While professional support may be important for symptom management of psychiatric conditions, peer support may serve as a bridge to more formal support while increasing community engagement (Mulvale et al., 2018).

Peer supporters may be in a unique position to address potentially damaging gaps in mental health services, where a distinctly social rather than clinical intervention is warranted (Gillard, 2019; Simpson et al., 2018). The turbulent and misunderstood nature of mental illness may cause the severing of connections to community, family, and friends, despite the importance of connection to recovery. Social isolation is arguably one

of the most significant challenges for individuals struggling with their mental health (Repper & Carter, 2011). Peer support's potential as a social intervention may address the isolation imposed on individuals living with mental illness and aid in re-establishing relationships (Gillard, 2019). Social activities implemented by peer supporters serve multiple functions, including reducing social isolation, increasing social skills, and widening social networks.

Incorporating peer support shows promise as a more comprehensive approach that considers subjective aspects of recovery and social factors outside of symptom management. The addition of a peer-facilitated care planning process increased the degree to which service users felt their care was responsive to their needs and inclusive of non-treatment concerns such as housing and employment (Davidson et al., 2012). Service-users in the same study also self-reported an increase in a sense of control, hope, engagement in managing their illness, and positive feelings about themselves. In another qualitative study, nearly all the participants interviewed described how peer support helped them stay motivated and hopeful (Gidugu et al., 2015). Bellamy et al., (2017) concluded peer support has a positive impact on hope, empowerment, and quality of life. Interestingly, this review also found evidence that peer support shows promise in increasing the effectiveness of patient-physician communication. Vayshenken et al. (2016) found peer support to improve measures of self-esteem and self-efficacy, while reducing self-stigma. The reduction of self-stigma might suggest that peer support offers individuals more realistic and positive ways of viewing themselves as a person living with mental health challenges.

An important consideration when evaluating the effectiveness of peer support is to consider how recovery is conceptualised. For many, recovery is much more than resolving a mental health or medical issue and is often not a linear process (Piat & Sabetti, 2012). Recovery conceptualised in terms of functional outcomes considers how people manage their daily lives and engage in activities related to independent living, social relationships, and occupational functioning (Thomas et al., 2018). Hospital admissions and symptom remission or reduction may be indicators of functional recovery (Bellack, 2006, as cited in Thomas et al., 2018). While indicators of functional recovery are important considerations, they also remain just one part of the recovery puzzle. The peer-support movement calls attention to person-centred indicators of recovery, such as empowerment, hope, confidence and purpose, the way people view themselves and their capabilities, and their perspectives about their own circumstances (Thomas et al., 2018). Person-centred recovery is not simply a matter of symptom management, and considers how people can flourish while experiencing mental health challenges and live rewarding, fulfilling lives (Bellack, 2006, as cited by Thomas et al., 2018). Research supports only a mild-to-moderate correlation between clinical symptoms and personal recovery (Van Eck et al., 2018). Meaningful research on peer support implementation should focus on indicators that align with the person-centred values of peer support rather than solely on medical outcomes that are better suited to evaluate clinical programs (Penney, 2018).

Mechanism of Peer Support

While there is a growing body of research investigating peer support effectiveness and implementation, the mechanisms of precisely how peer support works are not well understood (Watson, 2019). The primary difference between peer supporters and other

mental health professionals is where they garner their expertise. More broadly speaking, mental health professionals gain their knowledge from professional training, whereas peer supporters gain their knowledge from lived experience (Mahon, 2021). The presence of lived experience is a core feature of peer support and a good starting point for investigating the mechanisms that seemingly enact change.

Shared experience has emerged as the strongest underpinning of peer support and is vital for relationship building between peer and peer supporter (Watson, 2019). The most distinctive way peer supporters can use their lived experience is through purposeful self-disclosure (Austin et al., 2014). Kent (2019) describes the self-disclosure of lived experience as a necessary boundary crossing for effective peer support. The level of personal disclosure is markedly different between peer supporters and other mental health professionals, and still necessitates careful assessment of the context and usefulness of the disclosure. Disclosing similar experience may be a tool for rapidly developing a working alliance and may earn the peer supporter credibility among peers receiving their support (Austin et al., 2014; Walsh et al., 2018). The sense that the peer supporter has “been there” may result in an additional layer of understanding and create a bond that differs from similar professional relationships. Since peer supporters may have experience as both service users and service providers, they are placed in a unique position to identify with and hold both perspectives simultaneously (Watson, 2019). Peer supporters can use their experience being a service user, when they have been treated in ways that were unhelpful or alienating, and consciously develop an approach that differs from the treatment they received.

The sharing of honest emotional reactions and experiences enables peers to feel connected and normalises their own experiences (Gidugu et al., 2015; Watson, 2019). Peers have identified that hearing shared experiences from peer supporters allowed them to feel normal, that they belong, and were not alone (Gidugu et al., 2015). Sharing experiences of recovery shifts mental health challenges from a place of stigmatisation to one of being an asset (Moran et al., 2012). Rather than being a source of shame, shared experience with mental health challenges can become a source of pride and inspiration, allowing peers to witness the possibilities of recovery (Watson, 2019). Peer supporters can draw on their own recovery experience in which they gained distinctive knowledge and awareness, to guide the recoveries of others, sharing not just what they did to recover, but what they have done to maintain it (Austin et al., 2014; Kent, 2019). This might include providing insight into navigating the mental health system and accessing the services they need, as well as personal aspects of their own recovery journey (Gidugu et al., 2015).

The mechanisms of peer support are also commonly explained using the concept of mutuality, which is cited as another core feature of peer support and can be used to further explore the concept of shared experience. Mutuality refers to the notion that a relationship is not solely one-way, rather it is an exchange where both parties receive benefits (Gidugu et al., 2015). If peer support is operating from this concept, “helping” takes place on both sides of the relationship (Mead et al., 2001). As peer-employee forms of peer support continue to grow, the most obvious benefits peer supporters receive are employment and financial compensation. Scott (2011) argues that mutuality must extend past the point of financial gain to reach the level of authenticity required to maintain the

connection between peer and peer supporter and reduce burnout. Peer supporters are expected to offer emotional engagement above and beyond what other mental professionals could ethically provide. Professionals in other fields can keep more of an emotional distance through the use of professional boundaries. Guided by different expectations regarding boundaries, peer supporters face the issue of sustainability. Peer supporters, like all people, only have so much emotional capacity. Mutuality has been offered as the mechanism that can allow peer supporters to provide the level of support required of a peer support relationship, because they too are being nourished emotionally. The work involved in peer support is what Lynch (2007, p.559) describes as a “labor of love.” Mutuality is a requisite to reach an intense sense of belonging and trust between both parties, that can help to sustain the relationship.

There is strong evidence that engaging in work as a peer supporter provides emotional support, aids in the continuation of recovery, and reduces the likelihood of relapse (Austin et al., 2014; Moran et al., 2012; Repper & Carter, 2011; Tisdale et al., 2021). Austin et al., (2014) found peer supporters gained feelings of accomplishment and positivity that further promoted their own well-being. In a qualitative study conducted by Moran et al., (2012) peer supporters reported that sharing their own stories of recovery gave them the opportunity to process and reflect on their experience and approach it from a strengths perspective. Participants were able to find positive meaning and purpose in their once shameful, illness-related experiences. As a result, peer supporters identified a wide range of positive effects, including positive impact on one’s sense of self and empowerment, personal development, enhanced interpersonal relationships, and enhanced work capacities and skills.

Solomon (2004, p.397) describes mutuality in simple terms as “helping others, helps oneself.” The two-way exchange of similar experiences and support allows peer and peer supporter alike to feel both helpful and encouraged. Peers receiving peer support in one study identified mutuality as important to them, as they felt they were “giving something back” or “bringing something to add too” (Gidugu et al., 2015, p. 449). Mutuality may function to remove the “expert” from the relationship, since both peer and peer supporters can learn from one another in ways that support both of their recoveries (Walsh et al., 2018). The type of mutuality described in peer support, is rarely present in the relationships between mental health professionals and service users, as its existence is thought to cross professional boundaries and defy standards of ethical practice, which are grounded in mainstream cultural values. This stark difference in mutuality between traditional mental health support and peer support may function to minimise the hierarchical nature of mental health treatment, allowing autonomy and empowerment to thrive.

Challenges of Integrating Peer Support

Role Ambiguity and Conflict

The role of peer support in mental health services is continually evolving and does not appear to be heading in only one direction. The roles and tasks involved in peer support vary widely, including case management, education, crisis response, outreach, social support, para-clinical roles that are indistinguishable from services provided by non-peer staff, and undefined roles that evolve based on organisational need (Penney, 2018; Schmidt et al., 2008). Descriptions of peer support have emerged that omit mutuality as a defining feature and portray peer support as purely a mentoring

relationship (Murphy & Higgins, 2018). At the opposite end of the spectrum, a manualized approach, Intentional Peer Support, was developed to promote mutual healing and growth, emphasising the importance of mutuality in the role of peer supporter (Penney, 2018).

Diversification of the peer support role ideally functions to bring peer support to the masses and allow service users to select a model that fits with their personal preferences and socio-cultural values, but it may also result in role ambiguity (Murphy & Higgins, 2018). In the absence of a universal definition, different models fall under the umbrella of peer support that do not always share the same values and principles. The role of a peer supporter can look entirely different depending on the organisation and their chosen peer support framework. The diversification of peer support may also place its integrity and authenticity at risk, as with each reinterpretation, the original value of peer support may become diluted.

The heterogeneity that exists within the literature of role descriptions makes it difficult for researchers to determine the effectiveness and most useful implementation of peer support (Penney, 2018). It becomes difficult to make meaningful distinctions between fundamentally different interventions when they are classified as the same service. The identity crisis faced by peer support may be remedied by introducing alternative terminology for services that deviate from what can reasonably be classified as peer support (Murphy & Higgins, 2018). Further discussions are needed to determine how peer support services can be relabeled to be more philosophically and semantically honest. A clearer understanding of the roles and functions of peer support is necessary to determine the most effective use of peer support in mental health services.

Role ambiguity results in confusion for peer supporters and non-peer staff alike (Murphy & Higgins, 2018). Ambiguous role descriptions may cause peer supporters to feel mis-utilised in their role (Mancini, 2016). In a review conducted by Vandewalle et al., (2016) peer supporters across a variety of settings reported experiences of unclear and ambiguous role descriptions, identifying a lack of role clarity as a source of frustration and a barrier to integrating peer support. Peer supporters also reported misunderstanding and insufficient knowledge regarding their role from other mental health professionals. In a study by Tisdale et al. (2021) peer supporters identified a lack of role acknowledgement from other staff as a barrier to functioning to the full scope of their role. When peer supporters function as part of a clinical team with other mental health professionals, the absence of a clear description of their role can make it challenging to establish a legitimate place within the clinical team as a valued member (Ehrlich et al., 2020). Chinman et al., (2008) found increased role clarity increased the value non-peer staff placed on peer support. Non-peer staff may be more accepting and open to the value of the peer support role if they are able to understand what that role is. Clearly defining the role of peer support allows for role expectations that are more realistic and provides peer supporters the opportunity to demonstrate their true potential (Vandewalle et al., 2016).

Peer support was once championed as distinctive from professional or formal services, but discussions have shifted towards formalisation and professionalisation of the peer support role (Simpson et al., 2018). In Canada, peer supporters can seek certification through Peer Support Canada, an organisation formed in conjunction with the Canadian Mental Health Association (Canadian Mental Health Association [CMHA], 2023). Peer Support Canada has released a code of conduct, standards of practice, and guidelines for

the practice and training of peer supporters, much like the regulatory bodies that represent other mental health professionals. Peer supporters have been advocating for increased professionalisation, licensing, and clearer ethical guidelines (Mancini, 2016). Increasing formality of the peer supporter role has been suggested to reduce role ambiguity and promote greater acceptance of peer supporters by other mental health professionals in the workplace (Mulvale et al., 2019; Simpson et al., 2018).

Formalisation and professionalisation of peer support may improve accountability and set a standard of care, but there are concerns it will simultaneously undermine the value of peer support and its ability to provide a service that is separate from traditional mental health services (Gillard, 2019). Attempts to mould the peer support role to fit into mainstream mental health systems may render it indistinguishable from existing services, reducing its intrinsic value. Placing an emphasis on the use of lived experience as a core principle may help to maintain the uniqueness of peer support and mitigate against over-professionalization (Moran et al., 2013).

Peer supporters also face the risk of role conflict as they occupy the role of both a service user and a provider (Simpson et al., 2018). Disclosing their own personal history with mental health challenges may be a critical ingredient of the peer supporter role, although it may place them in a precarious situation and conflict with their professional identity. The requirement to disclose one's history with mental health challenges removes choice and control from that individual, placing them at risk of discrimination and stigma (Gillard, 2019). Additionally, peers have expressed concerns that self-identifying as a person with mental health challenges may limit future employment opportunities (Walsh et al., 2018). In a study of peer supporters in paid positions by Mancini (2016), peer

supporters reported their employers struggled to recognize and respond appropriately when they became symptomatic and required time off for mental health reasons.

Respondents also felt they were held to lower expectations of their performance because of their status as a mental health service user. The lived experience of peer supporters is the source of their credibility but may simultaneously diminish their credibility in workplaces that have not adequately addressed the stigmatisation of mental illness and are ill-equipped to support peer supporters.

Role conflict may be more pronounced in peer-employee forms of peer support, as systemic factors pose a greater threat to peer autonomy. When one person in the peer support relationship is hired, trained, and compensated to provide support for the other, the power imbalance is left fundamentally changed (Murphy & Higgins, 2018). Scott (2011) explains when peer supporters are paid for their role, some of the mutuality must be sacrificed. Even in the existence of mutuality, there is a clear sense of who is the helper and who is the helped. This imbalance may be further tipped if peers cannot voluntarily choose the individuals with whom they enter a peer support relationship, in the instance of referral systems. Referral systems may be insensitive to dimensions of culture, religion, gender, sexuality, or age when assigning peer to peer supporter (Murphy & Higgins, 2018). The use of referral systems reduces service users' ability to make decisions regarding the services they would like to receive and whom they would like to receive those services from, conflicting with the principle of autonomy highlighted as fundamental to peer support.

The origins of peer support rooted in social activism may result in role conflict between peer supporters and the organisations in which they work, especially if there is a

lack of “recovery-oriented culture” (Vandewalle et al., 2016, p. 246). Recovery-oriented culture promotes self-determination and empowerment over approaches that rely heavily on the medical model and lifelong dependency on mental health providers (Piat & Sabetti, 2012). If organisational values and the values guiding peer support are misaligned, it becomes difficult for peer supporters to advocate on behalf of their peers. The peer support role may include challenging the decisions, practices, and policies of the very organisations that employ them, causing their role to conflict with their need to maintain employment (Mancini, 2016).

Boundaries

Interactions between a person seeking support and helping professionals are inevitably associated with a power differential that comes with the risk of boundary crossings or violations (Williams et al., 2006). Given the extent of personal disclosure frequently described in peer support relationships, boundaries are an important dimension to consider. The use of peer support as a social intervention may additionally contribute to the blurring of boundaries between peer supporter and friend (Repper & Carter, 2011). It may be difficult to maintain the distance of a professional working relationship if peer support involves social outings more reminiscent of friendship. Despite the potential for ethical violations, additional research and discussion is needed to shed more light on the ethics surrounding peer support (Knopes & D’égale-Flanagan, 2023).

The distinctive reciprocal relationship that differentiates peer support may extend boundaries past what would be considered reasonable for other mental health professionals. Mead et al. (2001) argues that in order to avoid perpetuating common power dynamics that occur with other mental health professionals, boundaries between

peer and peer support should be individually governed and flexible, allowing for a reciprocal relationship to flourish. Boundaries that are too flexible may place peers at risk of harm, however. Boundary crossings may be more subtle and not appear as overtly harmful as obvious boundary violations that lead to sexual, financial, or verbal abuse, and control of peers (Williams et al., 2006). Service users have reported feeling overwhelmed by peer support self-disclosure when it has not been delivered in a way that supported their recovery (Vandevaille et al., 2016). It is unavoidable that peer supporters will have emotional responses to their peers' behaviour and ambiguity regarding appropriate boundaries may increase the likelihood of harm for peer and peer supporters alike (Scott, 2011). Peer supporters are at risk of experiencing vicarious trauma or re-traumatization through peer work, highlighting the need to establish boundaries to protect themselves and those they work with (Walsh et al., 2018).

Addressing the issue of boundaries in peer support may not be as simple as assigning rigid guidelines since the nuances of real-life situations rely on context and clinical judgement (Williams et al., 2006). The standard rules of professional ethics that guide other mental health professions may impact the ability of peer supporters to fulfil their role, given the distance from traditional professionalism is what some hypothesize makes peer support effective (Scott, 2011). For instance, guidelines created for peer supporters would likely look much different from those that guide the practice of mental health counsellors.

Kent (2019) highlights the importance of providing adequate training regarding healthy boundaries, boundary crossings, and boundary violations, as well as clinical supervision opportunities to address boundary concerns. Boundaries may differ in peer

support services, but the need for those boundaries to be articulated remains. Peer supporters should be encouraged to reflect upon and articulate their limits in order to develop the appropriate boundaries required for their unique role (Repper & Carter, 2011).

Training and Supervision

Peer supporters have been dubbed “experts by experience” (Walsh et al., 2018, p.579). Shared experience alone, however, is likely insufficient to meet the complex needs of people with mental health challenges, and so the question remains: what skills need to be cultivated for peer supporters to provide effective support? Additional training has been identified as an important component of developing the occupational identity of peer supporters in cases of paid peer support (Simpson et al., 2018). Peer supporters have reported training has the benefits of legitimising their identity as a peer supporter and providing them with the confidence to work in their role. Training programs have been created specifically to prepare peer supporters to meet required competencies for certification (Charles et al., 2021). Peer Support Canada’s certification process includes education regarding the fundamental concepts of peer support, the historical and social context of peer support, and concepts and methods to promote effective peer support relationships (Peer Support Accreditation and Certification Canada [PSACC], 2016). A national survey conducted by Rebeiro Gruhl et al., (2023) across Canada found 91% of peer supporters surveyed reported receiving peer support training, although the content of training was varied. Similar to the diversity of peer support roles, there is much variation regarding training programs and a lack of evidence into what topics are essential for effective peer support.

Several possibilities for further education and training have been proposed for peer supporters. As discussed, education regarding healthy boundaries stands out as a priority. Additional training possibilities found in the literature include communication skills, crisis intervention, relapse prevention, and professionalism (Kent, 2019). In a study by Walsh et al., (2018), peers identified theoretical knowledge, including concepts of recovery and knowledge of systems navigation, as a requirement for effective peer support. As well, peers highlighted the need for training in suicide risk assessment, human rights, mental health first aid, cultural awareness, specific mental illnesses, and motivational interviewing. An extensive international systematic review conducted by Charles et al., (2021) revealed a strong consensus on the importance of providing training on the value of lived experience, ethics, peer supporter well-being, the role of peer support in recovery, and communication. Rather than developing a standard training program for all peer supporters, tailoring the training to the particular role may be advantageous, given the diversity of peer support structures in use.

Supervision has been suggested as an essential component of peer support integration into mental health services (Forbes et al., 2022; Repper & Carter, 2011; Walsh et al., 2018; Vandewalle et al., 2016). Also referred to as clinical mentoring, supervision is generally provided by a senior member to a junior member of a profession and is found within several mental health fields, including social work, psychology, and counselling (Benard & Goodyear, 2004, cited by Forbes et al., 2022). The purpose of supervision is to enhance the junior member's professional functioning and provide monitoring of the quality of service they are providing.

Supervision may help mitigate against the many challenges peer supporters face as their profession continues to evolve. Peer supporters recognize the value of supervision and the merit of additional support as they navigate their complex roles, working through problems in their practice environments and relationships with peers and staff (Simpson et al., 2018). Supervision can support the development of healthy boundaries, promote role integration and peer professional development, encourage self-care and aid in recognizing compassion fatigue (Forbes et al., 2022; Kent, 2019; Stefancic et al., 2021). Although supervision is frequently cited as an important element of peer support implementation, there is sparse literature focused on supervision of peer supporters. The use of supervision is a key area of future research as peer support becomes increasingly implemented into mainstream mental health systems.

Peer supporters demonstrate a preference for supervision provided by supervisors with previous experience as a peer supporter, but this is rarely an option in community mental health settings (Forbes et al., 2022). In one study of supervision, peer supporters focused on the importance of supervisors having lived experience of recovery rather than specific education or expertise (Foglesong et al., 2022). While non-peer supervisors can offer valuable knowledge and professional experience, they may lack the experiences peer supporters are required to have to function in their role.

Forbes et al. (2022) conducted a qualitative study interviewing peer supporters supervised by non-peer professionals. In this study, participants identified supervisor attitude as the factor that was most constructive or detrimental to their experience of supervision. Positive assessments of supervisor attitude were related to respect for the peer support role, support of autonomous practice, and non-judgmental communication.

Participants emphasised supervisors need to be aware of the emotional toll involved with peer support given the extent of personal disclosure. Similarly, in a study of peer supporter job satisfaction, the working alliance with other professionals including supervisors, was found to be one of the most significant predictors of satisfaction (Clossey et al., 2018). In this study, peer supporters expressed a desire for supervisors who demonstrate they value and understand the work peer supporters do.

Encouraging peer networking may be a strategy to address a lack of supervisors with peer support experience. Peer supporters highlighted the importance of connecting with other peer supporters, in the absence of a supervisor with experience in peer support (Forbes et al., 2022). Peer support networks present opportunities for supporters to share their own experiences, address challenges, and support one another's wellbeing (Ramesh et al., 2023). Peer supporters would be well positioned to notice if their peer is struggling mentally or heading towards a relapse, resulting in timely intervention so they can receive additional support if needed.

Peer Support in University Settings

The introduction of peer support in university settings is a relatively new phenomenon, resulting in a limited amount of research available for peer support specifically delivered to university students (Crisp et al., 2020). Peer support shows promise as an additional source of mental health promotion for university students, but more research is needed to evaluate its effectiveness and implementation (Suresh et al., 2021).

Within the existing literature, there is evidence that peer support may be particularly useful for addressing mental health concerns of the university student

population, given its utility as a social intervention (Carporale-Berkowitz, 2020). Peer support is associated with improving loneliness and promoting larger social networks (Gillard, 2019). In a study examining the experience of university-based peer supporters, respondents identified social connectedness and feeling they belonged to the university community as benefits of peer support (Crisp et al., 2020). Students entering university are often separated from their family and social connections, living independently for the first time (Carporale-Berkowitz, 2020). Peer support may be a useful intervention to help students develop meaningful supportive relationships and combat the loneliness that may accompany the transition to university. Given that loneliness is a significant risk factor for both depression and suicidality, using peer support as a social intervention to address loneliness can be an upstream approach to promote student mental health (Chang et al., 2017; Jaremka et al., 2014 as cited by Caporale-Berkowitz, 2020). Peer supporters may provide students experiencing loneliness with a source of emotional connection and foster connections to the larger university community before their mental well-being escalates to a point of depressive symptoms.

Despite the increasing need for mental health services, low rates of early and appropriate help-seeking among university students make effective support provision difficult (Byrom, 2019). Young adults between 15-24 years old are the age group most affected by mental health challenges, but they are also the least likely to seek professional help (Cyr et al., 2016). Students facing mental health challenges may not seek professional services due to the perception that their problems are unsuitable for professional help, holding negative expectations of mental health professionals, and believing informal strategies are sufficient (Savage et al., 2016, as cited by Byrom, 2019).

A program evaluation conducted by Suresh et al., (2021) reported students primarily sought peer support services simply to speak to another person or due to academic stress, general stress, anxiety, and lowered mood. The study also revealed 60.4% of students receiving peer support did not consult any other professional mental health service. Byrom (2019) hypothesised that students tend to first turn to their peers for support when they experience mental distress, and that the less formal nature of peer support may remove some of the barriers that prevent students from accessing support.

Peer support may be a more appealing option for students hesitant to seek professional services, but it should be noted peer support is not a substitute for professional counselling or psychological services (Suresh et al., 2021). Caporale-Berkowitz (2020) recommends framing peer support services as opportunities for community building, social and emotional skill development, as well as ensuring peer supporters are well informed regarding mental health services on campus. Connecting to peer support services may be less intimidating to students and can serve as a bridge to more formalised services if the acuity of mental health concern is outside the scope of peer support. Additionally, peer supporters may connect students to other resources found on campus such as financial, academic, career, or volunteer services (Osborn et al., 2022).

Online peer support may be an accessible and attractive source of support for the current generation of university students who are well-acquainted with the internet. Horgan and Sweeney (2010) found that 30.8% of students surveyed used the internet for mental health information and 68% would use the internet for mental health support. Studies have demonstrated online peer support may increase students' sense of belonging

and wellness scores, as well as reducing avoidance coping (Gregorie et al., 2022; Johnson & Riley, 2021). Peer support may also enhance online based programs in this population. In a study of an online Acceptance and Commitment Therapy self-help program delivered to university students, peer coaching via phone and text messaging improved psychological flexibility processes of change and program adherence (Klimczak et al., 2023). Online mental health support may not be for everyone, however. Post-graduate students in a study of virtual peer support reported the intervention felt overly formal and expressed hesitancy opening up about personal issues to their fellow students in an online format (Harrison et al., 2023). Participants used this peer support platform instead to form new professional connections, reflect on research practices, and seek practical advice.

Horgan et al., (2013) evaluated an online peer support forum specifically targeted at students exhibiting depressive symptoms. The results of depression scores pre and post intervention showed no statistical significance, making it unclear whether peer support forums are an appropriate intervention to address depressive symptoms. This study did provide insight into the populations that may be best reached by online delivered peer support, however. The majority of participants that used the forum were male. Male students typically demonstrate lower levels of help seeking, indicating this type of intervention may be an effective strategy to engage more male students in mental health promotion (Horgan et al., 2013). Participants in this study identified anonymity as important and that it allowed some of them to share their feelings with others for the first time. Additionally, participants described a shared understanding of each other's difficulties and a sense of not being alone. Online delivered peer support is a promising area of future research as mental health delivery becomes more virtually based.

Theoretical Explanations of Peer Support

Several theoretical perspectives have been used to shed light on the inner workings of peer support. Self-determination theory proposes that individuals strive for continued psychological development when the needs for autonomy, control, self-sufficiency, competence and connection are met (Ryan & Deci, 1985, cited by Fortuna et al., 2022). The degree to which choices are self-directed and autonomously motivated is a predictor of mental well-being (Ryan & Deci, 2000). The change process of peer support may be due to the resulting self-determination created in a helping relationship that underscores equality and shared decision-making.

Social learning theory may help explain the usefulness of lived experience. According to social learning theory, peers receiving support adopt healthy behaviours by observing and trying to replicate the actions of peer supporters that have led to recovery (Fortuna et al., 2019). The lived experience of peer supporters makes them credible role models, increasing the likelihood that interacting with an individual successfully coping with their mental health challenges will lead to positive behavioural change (Solomon, 2004). Observing others achieving success in their recovery journey may enhance self-efficacy and increase confidence in one's ability to overcome and persevere towards recovery.

Empowerment is a key principle of trauma-informed approaches and has been identified in the literature on peer support as one of the most important outcomes and a key area for future research (Mahon, 2021). Empowerment theory can help explain how person-centred indicators of recovery involved in peer support, including empowerment, hope, and meaning, contribute to purposeful change and improved mental well-being

(Fortuna et al., 2022). Individuals living with mental health challenges are familiar with the experience of losing power over their lives, and the resulting struggle to reclaim that power by regaining the right to their own choices and access to resources that ultimately improve their quality of life (Deegan, 1997). Empowerment theory emphasises the recognition that people can act to change their situations, power is to be shared, not created, and the willingness to be transformed by the love of those one serves. Allowing oneself to be changed by helping another is the essence of mutuality and demonstrates a willingness to empower others through the sharing of power. Empowerment can be described as the “meaningful sharing of power, which is consistent with shared decision-making regarding life issues as well as treatment planning” (Fortuna et al., 2022, p.578). Peer support may function to enhance personal power, as autonomy is emphasised. The shared experience component of peer support allows individuals to gain strategies to promote recovery and information on accessing needed resources, increasing their ability to more effectively participate in decisions relevant to their own recovery.

Peer support may provide the opportunity for individuals to benefit themselves through helping others, as described using the concept of mutuality (Solomon, 2004). The helper therapy principle can illustrate how helping others helps oneself. Skovholt (1974) outlines the four theoretical benefits to the helper: increased interpersonal competence as a result of making a difference in another person’s life, development of a sense of equality between oneself and another, acquiring personally relevant knowledge while helping, and enhanced sense of self from the social approval of both the person they help and others in the community. Alcoholics Anonymous, one of the most well-known forms of peer support, embodies the helper therapy principle (Pagano et al., 2011). The famous

12th step of the 12 Steps of AA includes the call to lead others towards the path of recovery as a means of staying on the path oneself (Alcoholics Anonymous World Services, 1989).

Theoretical Framework: Empowerment

While many theories have been associated with peer support, empowerment theory was selected as a theoretical framework for this study. Empowerment is helpful in explaining how the relational processes involved in peer support may promote positive mental health for students and peer supporters alike (Fortuna et al, 2022). Simply put, empowerment involves gaining greater personal control over issues important to an individual (Burke et al., 2019). There is debate whether to consider empowerment a theory or a process, but it is more frequently viewed within the fields of social work and nursing as a theoretical framework to help guide practice and research (Turner & Maschi, 2015). As a concept, empowerment is ubiquitous not only in health disciplines but across the social sciences (Crawford Shearer & Reed, 2004). Empowerment has become an essential part of feminist and queer theory which seek to increase the personal, interpersonal, and political power of oppressed and marginalised populations (Minton, 1997; Rappaport, 1987; Turner & Maschi, 2015). For those in power, empowerment may involve the action of learning how to have power with rather than power over another person (Deegan, 1990).

In a mental health context, empowerment is the meaningful sharing of power, consistent with shared decision-making regarding mental health challenges and treatment (Deegan, 1997). Mental health interventions consistent with empowerment are collaborative, offer choice, facilitate self-efficacy, avoid power imbalanced helping

relationships, and are sensitive to the culture and traditions of the settings and individuals involved. According to Deegan, (1990, p. 309) helping relationships are empowered, “when both parties are available to be moved by the thoughts, perceptions and feelings of the other.” Each individual is empowered by being truly heard and responded to, creating and sustaining a context that leads to greater awareness and understanding (Deegan, 1990). Empowerment provides a fitting theoretical framework for this research, as peer support arose as a treatment alternative to mental health practices that oppressed individuals facing mental health challenges (Fortuna et al., 2022; Murphy & Higgins, 2018). Peer support champions the powerfulness of lived experience and values how it can be harnessed to support individual and collective growth, while respecting personal autonomy.

Internalised stigma and self-efficacy are linked concepts that help conceptualise how empowerment functions in peer support (Burke et al., 2019). Goffman (1963) conceptualises stigma as “an undesired differentness” (p.5), and something that reduces the individual “from a whole and usual person, to a tainted, discounted one” (p.3). Stigma is inherently disempowering, as it is a mechanism by which society attempts to control those who are not in accordance with group norms, suggesting that the stigmatised individuals are left with no power or control (Bruffell, 2017). Stigma exists within three interacting levels: structural, public, and internalised (Hamidi et al., 2023). Structural stigma involves organisational factors such as rules, policies, and procedures which restrict the rights and opportunities of stigmatised individuals. Public stigma describes endorsement of stereotypes by large groups against the stigmatised group. This framework will primarily focus on the impact of the third type, internalised stigma.

Internalised stigma is described as the process of absorbing social messages into how one perceives themselves and is shown to hinder mental health recovery by promoting feelings of hopelessness, increasing social avoidance, and limiting help-seeking behaviours (Jahn et al., 2020; Wang et al., 2018; Yanos et al., 2015). Internalised stigma may involve onboarding negative assumptions or judgements about people who experience mental health challenges as at least sometimes accurate and as pertaining to oneself. Corrigan et al. (2006) describe the process by which internalised stigma negatively impacts self-esteem. The process begins by initially endorsing the same negative stereotypes held by the public (*stereotype agreement*), followed by applying those culturally internalised beliefs to themselves (*self-congruence*), resulting in diminished value of the self, caused by the identification with the negative belief (*self-esteem decrement*). During the transformative process of internalising stigma, a person loses previously held identities to adopt a more negative view of themselves that aligns with the social messages they have received about people with similar characteristics (Hamidi et al., 2023).

Reducing structural and public mental health stigma would limit individual exposure to harmful messages, thus inhibiting internalisation of such beliefs, however, cultural change can be a slow and uneven process (Jahn et al., 2020). The use of peer support to address internalised stigma is a more proximal intervention that can disrupt its damaging impact on self-esteem as we wait for society to evolve. Identification with a group of people with mental illness has been shown to play a protective role in reducing stereotype agreement and self-congruence involved in internalising stigma (Watson et al., 2007). Peer support offers the opportunity for those experiencing mental health

challenges to relate to other individuals facing similar difficulties and witness how mental illness can exist outside of negative stereotypes.

Self-efficacy has consistently been found to be inversely associated with internalised stigma and is regarded as a component of empowerment (Burke et al., 2019; Yanos et al., 2015). Self-efficacy is defined as a person's belief in their ability to execute behaviours that will bring about a desired change or goal (Bandura, 1977). It is essentially believing in oneself, which may contrast the common stigmatising messages that people with mental health challenges are incapable or helpless. Bravo et al., (2015) hypothesise that self-efficacy is an indicator of empowerment. Interventions focused on empowerment may provide individuals with the skills and the confidence to work towards the changes they would like to see in their lives, thus increasing their belief in their own abilities. Empowerment, self-efficacy, and internalised stigma will be explored in greater detail in relation to the findings of this research.

Addressing the Research Questions

The benefits peer support has demonstrated in community settings have the potential to extend to university mental health services, and additional research is needed given the unique barriers that may be encountered, specifically in a university context. The literature highlights several challenges to integrating peer support into contemporary mental health care systems, most predominantly the issues related to role ambiguity (Murphy & Higgins, 2018). This study was designed to examine the experience of peer supporters in a university environment, as well as factors such as boundaries, training and supervision that may function to better support their role. Peer support is based on the premise that lived experience provides unique awareness and knowledge, so peer

supporters were purposefully selected as the participants for this study, as their perspectives can provide invaluable insight into the integration of peer support in university mental health care. The following research questions were developed through considering gaps within the literature and to explore challenges that may accompany integrating peer support into a university context.

Research Questions

1. What do peer supporters in university settings perceive as their role in mental health promotion?
2. What challenges do peer supporters encounter within their role in a university setting?
3. What are peer supporter perceptions of how they can be supported in their role and how that role can be promoted?

Chapter 3 - Methodology

Methodology: Narrative Inquiry

There are many ways to examine experiences, and to fully capture the stories of peer supporters, narrative inquiry was selected as the research methodology. Narrative inquiry is a qualitative method of research that is concerned with the construction of personal and social stories, also referred to as a narrative, to address the proposed research questions (Clandinin & Connelly, 1990). It proposes that the study of narratives is the study of the ways people experience the world. Story is both the method of research and the phenomenon being studied (Pinnegar & Daynes, 2007).

Narrative research supports a holistic approach to the narrator's perspective, with the assumption their personal story can provide rich insights (Taylor et al., 2016). This approach allows for descriptions of participant's experiences as well as an examination of the personal meanings they derive from those experiences (Wang & Geale, 2014). There is less of an emphasis on objective truth, and more of an emphasis on how narratives can offer a deeper understanding of the diverse contexts embedded within the participant's experience. The decision to select a qualitative methodology stemmed from a desire to explore the experience and perceptions of peer supporters, viewing them within the university ecosystem as an interconnected whole (Taylor et al., 2016). The focus on experience, over objective outcomes, makes this methodology fitting for the research questions focused on the perceptions of peer supporters (Sinclair-Bell, 2002).

This methodology was chosen to help understand how peer supporters perceive their professional role within university mental health promotion. Narrative research has been identified as helpful for exploring personal identity and how individuals view that

identity in a larger context (Haydon & Van der Riet, 2017). Across different professions, narrative inquiry has been used to study the acculturation and socialisation involved in the construction of professional identity (Ampofo et al., 2021; Butina, 2015; Marshall & Rossman, 2011). The personal narratives of peer supporters can be examined to develop an understanding of how their identity as a peer supporter has been shaped as they become integrated into the university mental health system.

Narrative inquiry may also suit the underpinning relational and person-centred values of peer support. People in the helping professions (peer supporters, counsellors, psychologists, nurses) have a vested interest in hearing and seeking to understand people's stories (Shaw, 2017). There is much literature regarding peer support, but less research exploring who they believe they are (Vandewalle et al., 2016). The choice to select narrative inquiry was purposeful to bring to the foreground the stories of people who use their personal story to help others. To enhance understanding of a role as relational as peer support, I selected a methodology that is rooted in relational ways of knowing (Shaw, 2017). Narrative inquiry resides in the relationship of the researcher and participants, who act as co-researchers as the research evolves, engaging in open conversation and collaboration (Huber et al., 2013; Shaw, 2017). The importance of sharing stories and experience is a clear parallel between peer support and the study of narratives. Peer support involves sharing stories between individuals with similar experiences, as well as helping others understand how their stories can be shaped and transformed by the context in which they are created, not dissimilar to the process involved in narrative inquiry (Bruner, 2002; Foucault, 1988/1994; White, 1995; cited by MacNeil & Mead, 2005).

Other qualitative methodologies were considered for this research.

Phenomenological study was considered because of its usefulness in interpreting lived experience but was eliminated over concerns that the sample would not be large enough for this approach, which generally requires 5-25 participants (Bartholomew et al., 2021; McMillan, 2016). Critical incident technique (CIT) was also considered since it is a method of exploring what helps or hinders a particular activity and is frequently used in the study of roles within healthcare disciplines (Viergever, 2019). CIT was eliminated because it was thought to be too focused on one type of data and would not adequately engage with the participant's broader experience and perspectives regarding peer support.

Transferability

The intention of this study is to contribute to the growing body of research regarding peer support services delivered in universities. These findings will hopefully inform future researchers in their quest for similar data. The appropriateness of applying results from a study to other contexts and settings, also known as transferability, is enhanced by providing thick descriptions of the setting, participants, and data collection procedures used (McMillan, 2016). Contributing to the literature regarding role perceptions of peer support will hopefully have practical applications, aiding in making the distinctions between peer support and other mental health roles clearer. Facilitating greater understanding of the value of peer support may positively impact the development of collaborative practice, improving the ability of counsellors and other helping professionals to work alongside peer supporters.

Demographics Summary

Four participants were interviewed as part of this study. All participants identified as female. The ages of participants ranged from twenty to thirty-two years of age. One participant shared her identity as a woman of colour in the demographic survey portion of the interview. Three of the participants were pursuing psychology degrees and one studied kinesiology. Three of the participants described their experiences as international students during the interview.

Ethical Considerations

This research was approved by the UNB Research Ethics Board. As communicated in the consent form (Appendix A), participants were able to leave the study at any time, choose not to answer certain questions and withdraw their data from the study if they desired. Participants were informed that any data collected would be stored in a password protected Google drive, only accessible to the researcher and supervisors. The coded data will be kept by the researcher for a period of 7 years before being permanently deleted.

Identifying information was removed from the transcripts before analysis and coded to match each participant with a letter labelling their transcripts and recordings. All participants were given the option to provide feedback on the findings of the study in a method of their choosing, to clarify, correct or have certain quotes removed from the study if they wished.

Population and Sampling Strategy

The study sample were university aged participants, who engaged in the role of peer supporter through Counselling Services at the University of New Brunswick, on either the Fredericton or Saint John campus. Peer supporters exist on campus in varying

roles and faculties, and the decision to focus on peer supporters working with Counselling Services was intentional to examine the phenomena of their experience being integrated into formal mental health services. Students in this role are paid and must self-identify as having lived experience with mental health or substance issues, but a formal diagnosis is not required. Peer supporters in this setting, provide their services alongside the offices of counsellors at the university and engage in individual peer support sessions. Students can access peer support by booking an appointment online or calling counselling services to inquire about peer support.

Participants were included regardless of demographic details, including ethnicity or gender. Narrative inquiry often requires a more focused analysis of a smaller number of participants, and there is no rule for sample size (Taylor et al., 2016). Purposeful sampling was used to recruit participants that met the qualifying criteria, selecting individuals with experience with the phenomena of interest, in this case experience as a peer supporter with Counselling Services at the University of New Brunswick (Seale et al., 2004). Participants were recruited from the population of peer supporters identified by Counselling Services. Emails detailing the purpose of the study and expectations, with an Information Letter attached for additional information were forwarded to potential participants. Interested participants were invited to respond to express their interest and provide their availability for an interview.

Data Collection

Interviews were conducted over Microsoft Teams due to geographical constraints, to ensure security and so recording and transcription could occur simultaneously. The interviews ranged from 20-32 minutes in length. One participant requested their camera

remain off during the interview. An interview guide (Appendix B) was used to loosely guide the semi-structured interviews, and to add more consistency and structure (Butina, 2015). The interview guide consisted of 6 primary questions complemented by additional probing questions. The questions were formulated using suggested methods to elicit participant narratives, including open-ended questions framed in everyday language, asking directly for descriptions of experience (stories), and questions that emphasise “how” something was experienced (Wells, 2011).

In addition to the use of the interview guide, active listening was used to pose follow-up questions based on participant responses, to deepen the narrative, allowing for more flexibility and a conversational experience (Kvale, 2007). The goal of narrative inquiry is to produce detailed accounts of experience, not brief answers or general statements (Riessman, 2008). I explored with participants the meanings attached to their narratives and associations between stories, to facilitate a narrative that details an experience in all its complexity. The transcripts generated through the Microsoft Teams transcription feature were reviewed against the recordings to verify accuracy and correct any mistakes.

Data Analysis

There are no unified rules about the methods used in narrative analysis to evaluate data (Meraz et al., 2019; Riessman, 2008). Riessman (2008) argues that the narrative should not be fragmented or reduced to mere themes but should be held as a discrete unit that can be systematically evaluated for deeper meaning. The transcribed data was analysed using multiple methods of systematic evaluation to uncover deeper insights

from that data, resulting in greater validity (Meraz et al., 2019). Thematic and structural analysis was employed to analyse the transcribed data.

Thematic analysis is concerned with the content of the narratives, giving primary attention to what was said (Meraz et al., 2019). My first step was becoming well acquainted with the data, noting ideas, themes and connections as I read and reread the transcripts (Ross & Green, 2011). Using thematic analysis, themes that are developed by the researcher may retain multiple influences, including prior theory, aims of the study, and previous knowledge (Meraz et al., 2019). I viewed the data through the lens of my previous experience with peer support, the knowledge gained through conducting my literature review, and the theoretical framework of empowerment.

Riessman (2008) advises against fragmenting the data into codes, and suggests keeping the narrative intact by theorising across cases, and identifying common thematic elements across research participants. The sequence of the narrative was preserved instead of thematically coding segments of data. The purpose of this approach to analysis is to allow for a layered narrative to emerge, offering a more coherent story (Ross & Green, 2011). Using this approach, I looked for similar stories within the text and within the participant's experiences as peer supporters. These stories were preserved as full quotes rather than codes and these narrative blocks were then grouped together based on similarities.

The second method I used for analysis was structural analysis. Thematic analysis may tell us what was said, but structural analysis is useful in exploring how it was said. Structural analysis is concerned with the content of the narrative, but also examines how the story was told, organised, and constructed to depict the intended messages (Meraz et

al., 2019). This approach can generate insights that are missed when analysis is focused narrowly on content, ignoring how the story was organised by the speaker (Riessman, 2008). Structural analysis may be helpful for revealing intentions, motivations, decisions, thoughts, emotions, actions, and consequences, as well as the interrelationships between these concepts (Meraz et al., 2019).

Segments of the transcribed data that take a narrative form were selected for analysis. These segments had to conform to the definition of a narrative as per Labov's method of structural analysis, meaning they contained a description of a personal experience that had a temporal sequence with a recognizable beginning, middle, and end (McBride Robichaux & Clark, 2006; Riessman, 2008:). When structural analysis frames the narrative in chronological order, a consistent sequence of events can emerge from the narrative (Meraz et al., 2019). Using Labov's definitional criteria to identify narratives reveals a specific structure of individual narratives allowing for simpler comparison between narratives and participants (Andrews et al., 2008). A limitation of this method is its focus on event narratives, meaning stories that happened directly to the participant. This may rule out stories that are relevant to the research but do not fit with Labov's descriptors. Using both thematic and structural analysis was an attempt to mitigate this issue, hopefully capturing narratives outside of Labov's definition.

To facilitate structural analysis, the chronological narratives were arranged by story element in a plot diagram consisting of six elements: an abstract, orientation, complicating action, evaluation, resolution and coda. The resulting narratives were then analyzed for commonalities or differences.

Figure 1 – Elements of a Plot Diagram

Narrative elements	Definitions
Abstract (AB)	Summarizes the point of the narrative
Orientation (OR)	Provides time, place, situation, participants
Complicating Action (CA)	Describes sequence of actions, turning point, crisis and problem
Evaluation (EV)	Narrator’s commentary on complicating action
Resolution (RE)	Resolves plot
Coda	Ends narrative, returns listener to present

(Taken from Riessman, C.K. (2008). *Narrative methods for the human sciences*. Sage Publications Ltd.)

Validation and Credibility

The concept of validity is used to test the quality of research claims and believability of research findings (Meraz et al., 2019). Threats particular to narrative inquiry include the differences in people’s experienced meaning and the narratives they share, as well as the connections between the narrative and the interpretations of those narratives (Polkinhorne, 1996). The use of both thematic and structural analysis was a conscious decision to increase the validity of this study. Riessman’s (2008) narrative analysis posits that systematically analysing the data with different methods of evaluation will move the analysis beyond a surface reading, and uncover underlying meaning embedded in the narrative. Meraz et al. (2019) argue that using Riessman’s technique and applying multiple analytic methods will strengthen the validity of findings. Structural analysis can affirm and clarify findings of thematic analysis, while also providing greater

insight into how the narrative was constructed. Thematic analysis can provide more broad narratives that may not be captured by Labov's method, which relies on a stricter definition of narrative and more systematic analysis (Andrews et al., 2008).

To address the credibility, or accuracy, of reports of participant perspectives, an important consideration is the impact of researcher bias, or how the researcher may assert their own preconceived notions or interpretations within the analysis (McMillian, 2016). Additional procedures that can be used to mitigate bias and enhance the credibility of this study include member checking and researcher reflection. During the interviews, participants were asked if they were interested in participating in member checking and would like the opportunity to be sent the analysis and discussion to provide feedback and verify the accuracy of the portrayal of their experiences and perspectives. All participants agreed to participate in member checking and were sent a copy of the analysis and discussion via email inquiring if there was anything they wanted omitted or clarified. One participant responded with feedback during member checking.

Researcher reflection requires the researcher to self-reflect on possible biases that support the credibility of the study, considering how their own perspectives, shaped by gender, socioeconomic status, ethnicity, or position, will influence their interpretations and conclusions (McMillian, 2016). Researchers cannot be entirely impartial observers, as their interpretive frame of reference is created by their own pre-understandings that condition the reasoning process (Mortari, 2015). Critical reflection can be used to uncover hegemonic assumptions that may silently dictate how the researcher collects and makes sense of their data. I engaged in self-reflection throughout the research process and included my reflection in the introduction.

Chapter 4 - Findings

During data analysis, several recurring narratives and patterns between individual responses emerged from the transcripts through the stories of participants. Using both thematic and structural analysis to examine and arrange narratives, the resulting trends were then grouped into the following themes related to the role, challenges, and promotion of peer support in university: the role of shared experience, approachable mental health support, promoting mental wellness and growth, clarifying appropriate professional and emotional boundaries, ambiguity and promotion of peer support, the unique experience of international students, addressing sexual violence in universities, and availability and responsiveness of supervisors. To preserve the narratives, full quotes and plot diagrams will be presented as the findings of this research. The themes discovered in this study will be situated within a theoretical framework of empowerment.

The Role of Shared Experience

Definitions of peer support commonly include the use of lived experience, so it was an expected finding that each participant included shared experience in their own descriptor of the role of a peer supporter. Participants identified how shared experience contributes to the therapeutic relationship, counters hopelessness and isolation, and provides them with an inside perspective into the systems students must navigate for their mental well-being and academic success.

Participant B (PB) described how shared experience contributes to a unique bond and sense of sameness, perhaps contributing to rapport building.

One main thing I find really special about peer support is that because we go through these similar experiences, there's that kind of bond that we're able to establish with one another, where it's more like yeah we're kind of the same.

Participant C (PC) shared feelings of suffocation and hopelessness that can accompany mental health challenges, and how the meaningfulness of shared experience, lies in its ability to demonstrate a person is not alone in that experience. This participant recognized, while all experiences may not be equal, hearing similar stories or emotions from others caused them to feel relief and to recognize they do not have to face mental health challenges in isolation. Although individual circumstances might be quite different, the attached emotions may serve as an important connection point for students who are struggling.

I think one of the most meaningful things is that literally the fact that you're not alone because we keep saying that. But when you're experiencing certain things, it can honestly feel so suffocating and that you're in a dark, dark tunnel and you're not going to get out. But when you hear stories from people who have maybe went through similar things, you know, you will be surprised by how many people have similar experiences. They won't have the same, but they'll have similar experiences like you. Or they might have felt similar things that you have felt. When I've heard stories like that, I felt so much better because I'm like ok I'm not alone.

The use of shared experience to inspire hope was similarly described by Participant D (PD), as they explained what they felt was significant about shared experience. This

participant explained how sharing how they have overcome mental health challenges may serve as an inspiration for others facing a similar situation.

If I just put it out there that this is what happened, but I still managed to get through all of that. Because at one time I was completely hopeless in all of this. I thought things were never going to change, but here I am now in a completely different country. I had the courage to make that move, and now my life is much better than what it was when I was back home dealing with all that. So there is the hope that, if I happen to have that situation, then sharing my own story would ignite hope that there is something beyond this, that if you just push hard and let things happen and just take care of your own mental health and put everything beside it, then there is a place you can get to where you can be happy. So just putting that out there and giving that hope I think would be very meaningful and helpful.

PB explained how the shared experience they encountered as a peer supporter, called their attention to issues within the current mental health system, experienced by both the peer supporter and the students they worked with.

It was really like the same thing I was experiencing as well. One of those things just for example, like how long it takes to access help, how long it takes to see a psychiatrist, or psychologist or therapist. Also, just how expensive they are. Or like in extremes, I guess one of it would be being given the wrong medication or being misdiagnosed. That was also something I had experienced, which was again, funnily enough I talked to students on campus who experienced the same thing.

PC shared a narrative of how they used their own academic challenges and eventual success, to encourage their peer's sense of self-efficacy and provide them with resources and guidance to succeed in a course, demonstrating how peer support may be useful for both mental wellness and academic support.

AB	<i>I can even give you an example about it that I had recently.</i>
OR	<i>I remember there was a student that reached out to me who was really struggling mentally, and who was also struggling a lot with a particular class. And she was like, I just feel I want to drop out. I don't think I can do this. I'm not smart enough for this.</i>
CA	<i>I told her you're not going to believe me, but I did horribly on my first two midterms of that class and because she kept telling me I really want to be like you in my fourth year because I have all these leadership positions. And she kept saying how she really admired me. And I was like, I struggled with that too. But look at me now. If you didn't know that...now that you know, did you stop admiring me? Do you think I'm not going to be able to? No, right! Like it's the same with you. I kept telling her about how, right now you feel like you're not going to get through it and maybe you're not smart enough to get through the class. But it's just the temporary phase. You just need to find out why you're not doing well. Talk to profs. And I gave her so many resources and she ended up passing with an A minus. Yeah, after almost failing. So, I was like I told you, it's really like that sometimes. What she told me is that after speaking to you and knowing that you also started struggling with that class. But look at you now, entering your 4th year, that kind of gave me hope that if you can do it, maybe I can do it as well.</i>
EV	<i>And I was like that is exactly what I want my impact to be on students. Because a lot of times when you look at fourth year students or third year students, especially in leadership positions, you think you know that they had the perfect university life and they got straight A's and they were this awesome, perfect, A student who never struggled with anything and you admire them.</i>

RE	<i>But when you actually speak to a lot of students, you realize that we're all the same. Like we all struggle with class. We all have our mental struggles. We all do that, but it doesn't mean you can't come out of it.</i>
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Approachable Mental Health Support

Participants identified peer support as an alternative to other professional supports that may be intimidating to students. Participants associated similarity in age, status, and previous experience with mental health challenges as factors that may make peer support a more attractive service to students. Additionally, self-disclosure and allowing space for questions about their mental health experiences, was identified as a possible mechanism for creating a more equal helping relationship.

PD hypothesised some students may more readily approach peer support because they will be working with someone closer to their age. They elaborated that shared experience may allow students to feel they are on a similar level, as opposed to seeking out other professional services where there is a pronounced power differential. They also highlighted how peer support may be an appropriate intervention for students seeking more casual support.

You can just go there and talk to someone who is on your same level, who has had the same experiences and in some ways can help you. It doesn't have to be a grand gesture of help. It can just be as simple as listening to the problem and resonating with it, sharing the same experiences that you've had.

PB similarly hypothesised that the comfort of knowing a peer supporter has lived experience with mental health challenges, may reduce the intimidation students feel accessing support services.

I guess because sometimes it's intimidating to go straight up... go talk to a professional about it for example. So being able to be a peer supporter and being able to access a peer supporter... there's that comfort as well that you feel that this person has also gone through similar experiences and mental health issues and just mental illness in general.

Participant A (PA) shared a story facilitating a group of students following the death of one of their classmates by suicide. This participant highlighted how their approach to peer support, gave space for the students to ask questions about their experience with mental health challenges and suicide, allowing for self-disclosure, and perhaps contributing to a sense of equality between peers. The vulnerability involved in self-disclosure may reduce the imbalance of power between helper and helped.

<i>OR</i>	<i>Even early June, I had to facilitate the grieving for a student who passed away by suicide with the group of eight other students.</i>
<i>CA</i>	<i>And sitting there, it can be a tough situation, but as someone who's tried previously, I was able to navigate that and have that compassion and empathy and understand both lenses. So, I always check to make sure they are comfortable and leading them that way, just to make sure so if they find value from what I went through, then we can kind of go into it. It more gives them the opportunity, you know. Even with that suicide honoring of the student, one of the things I even said to them, like you can ask me any questions as somebody who has you know.</i>
<i>EV</i>	<i>This is something that can be very shocking and can be overwhelming for somebody who is close to somebody who's passed. You may wonder why they did it.</i>
<i>RE</i>	<i>But giving them that room that they can ask those questions and telling them it's a safe place.</i>
<i>EV</i>	<i>I think doing that makes them see you as an equal too.</i>

Promoting Mutual Wellness and Growth

This study was not just interested in the impact on students seeking support but wanted to consider the students facilitating peer support as well. Several participants expressed career aspirations within the helping fields and plans to continue their education to graduate level programs in clinical psychology and counselling. They identified peer support as useful in providing them with practical experience providing mental health support that can be helpful in achieving these goals. When asked about how peer support has contributed to their own mental health and wellness, participants shared how peer support has influenced their own coping and any reluctance about seeking additional support, while providing them with the emotional satisfaction of helping others.

PC discussed their experience learning new coping strategies to implement as part of their own mental health promotion. They described how they now create a safe environment using plants and essential oils. Later in the interview when explaining the significance of the training they received, PC also reported they learned to incorporate breathing techniques as part of their personal mental health coping.

I remember when we were talking about creating a safe environment, there were some things. Just having essential oils or having plants and stuff like that. And I didn't think that would make much of a difference. But I got a diffuser after that and there is lavender oil in my room every single day and it makes such a difference. I think just having other students in there as well and kind of listening and hearing what their coping strategies were or what they feel works for them and picking up small things to just implement on myself as well.

PB expressed that working in the peer support role helped them to recognize they were not alone in their mental health challenges, that support was available, and they should be open to accepting that help from others. Peer support enhances their willingness not only to support others, but ensure that they receive adequate support themselves.

I think being in the peer support role, it definitely had positive impact on my own mental health as well, because besides being that person who is able to be there for other people and being able to support other people in return, it also makes me aware that I shouldn't shy away from reaching out to people who may have gone through the same thing. And being in the peer support role kind of taught me that there are people out there who really do experience the same things that you do, which is crazy. So, it's not that I am alone and that there are actually other people out there who are really willing to listen and be there and kind of support you throughout the way. I think that's the main thing that I got from the peer support role is just to be more open. Open to how I would want other people to come and reach out to us as a peer supporter, is the same way I would want to reach out to mental health support. Because there are times that I'm really hesitant to do that.

PA described how the peer support role provided them with emotional fulfilment during times of stress, sharing a conversation they had with their therapist about peer support.

I went to my counsellor, my therapist, who's not from [university counselling centre]. And I'm telling her all these things I got going on. And she's like, well, is there anything you can get rid of? She's like, what about peer support? I'm like, well, no. Like that actually feeds me.

PA went on to elaborate how peer support serves as a reminder of their own self-care strategies and provides them with positive feelings knowing they are providing help and resources to others.

It's that reminder myself of oh I got to be doing that stuff. It's almost like don't forget, just cause you slept in. You got to get up and do your yoga. You got to get up and eat something healthy. Go to bed early. Take care of yourself. It's a really positive reminder. I don't feel ever that I come home with it and wear it. I feel good and knowing that there's somebody who feels that they can come to me and talk to me and that there are certain resources that they know that they can access.

PC shared a narrative of an ethical dilemma they faced, encountering a student with different values and beliefs, and how that experience contributed to their personal growth and development.

AB	<i>There were a couple actually which were very heavy. I think I would like to talk about the first one that kind of stood out to me.</i>
OR	<i>I had a session with a student who had very different values from what I do. They had very different values for people who come from the LGBTQ community, where they, in short form, they kind of didn't approve of that because they think it went against their religion and stuff like that. And I am actually an advocate for the LGBTQ, like my best friend is part of the community, my sister is part of the community, so if that would have been in a different setting, I would have clapped back and I'd be like what are you saying?</i>
CA	<i>But I think in that situation I didn't say anything because I was like, this is not about me. This is about them, and this is how they feel, And I think I remember after that session got over. I went up to [supervisor], who actually sits at the front desk, and I was telling her I'm really proud of myself because I don't think I</i>

	<i>would have done this if this was a different situation. I'm the first person to call out other people, you know. I don't think that's even ethically right. But this situation, even though what she was saying, was completely against my morals, ethics and what I fight for. I just, I didn't say anything. I didn't try to change her values or opinions. In fact, I just heard her. I understood her and we just spoke about it.</i>
<i>EV</i>	<i>I was really proud of myself because I don't think I would have done that if it wasn't for this position.</i>
<i>C</i>	<i>So I think those two sessions kind of really like I think they contributed a lot to my personal growth and development.</i>

Clarifying Appropriate Professional and Emotional Boundaries

Participants identified the primary challenges of their role as maintaining boundaries and responding to strong emotions during peer support sessions. Navigating the peer support relationship with their fellow university students may make it difficult to maintain the emotional and professional boundaries in a therapeutic bond that can feel more reminiscent of friendship.

PB shared a narrative of a boundary issue they encountered, regarding the possible overlap between peer supporter and friend. They later suggested having a guideline to follow in certain situations, such as this one, may have been helpful.

I encountered a situation where this student, she goes to peer support sessions with me, but I think she wanted to be a personal friend as well. And that was something that we didn't really talk about in detail at least in the peer support sessions. We did talk about it later on when I brought it up because I was a little unsure on what to do. I just wanted to clarify that with them, but I think definitely just the boundaries of the peer support role.

PB also discussed the challenging experience of setting emotional boundaries. They recognized it was difficult to resist their natural impulse to absorb the emotions of the students they were working with, especially if they identified with what was being shared in session. PB highlighted the boundary between the role of offering support to their peers, while not taking on the responsibility to solve their problems for them.

I know it's not my personal problem and it's more just me listening to them. I think sometimes I still kind of struggle with that because I'm not sure why, but I really just absorb other people's emotions. I'd have to constantly remind myself that, hey, it's not on me to change whatever situations they're in and that I'm more so there to support them. But I think that there were times that I got affected because our situations were very similar.

PD shared a narrative from their first session, that many helping professionals early in their careers can likely relate to. PD became overwhelmed after they felt triggered by unexpected issues that arose in the session and was initially unsure how to proceed when their peer began to cry. They sought supervision after the session, which would be the similar course of action for other helping professionals.

OR	<i>So that was definitely something I maybe wasn't prepared for because when I walked into the first session, I was like, this is not going to be bad. Because I already knew what the student was there for and it wasn't something that overwhelmed me when I thought about it.</i>
CA	<i>But then we came into the session and as we got to talking about it, it quickly went to another thing. It kind of triggered my own anxiety as well about certain things and it just went to a different area and at one point, honestly, I didn't know what to say. I was a bit taken aback and so the student also started crying and I</i>

	<i>don't know how to react to that as well. And there wasn't a box of Kleenex in the office, so I had to run out and get a box.</i>
EV	<i>That turned out a lot more filled with emotion and kind of overwhelmed me, and it wasn't something that I went in expecting, so it was definitely something that showed me how you can never be sure of what to expect when you walk in. Though you know the information about the student and you know why the student wanted to talk to a peer supporter, but it could be more serious than what they have laid out when they were filling out the application.</i>
RE	<i>And then after that session I talked with [supervisor]. So, I had a little debriefing of my own.</i>

PC expressed similar challenges with peers crying during sessions. They explained difficult events in their own life made it more challenging to remain emotionally unaffected and withhold their emotional response as peers shared heavy experiences. PC articulated that despite feeling the urge to cry, since it was a professional setting, they felt they should not shed tears alongside their peer.

I think something that I struggled with or that just felt very challenging was not to cry with them. Because they would often cry really hard in the session. And I would like to say I carry a lot of emotions with me. And I was going through a very difficult period in my life, the entirety of the last academic year. And while I was going through it, you know, to hear students who are also going through, not similar things but worse things. And you know how it affects them. I often wanted to cry with them, but it's a professional setting. You can't really cry.

Ambiguity of Services and Promotion of Peer Support

Another challenge recognized by several participants was the need for additional promotion to attract more students. Participants expressed concern regarding the lack of students utilising peer support, although this may be expected of a new program. PA described how the amount of support services available on campus, including several also labelled as peer support, may make it difficult to engage students and cause confusion for students seeking help. They highlighted how promotion and clear communication of what this peer support service offers students was a possible remedy to this issue.

You're all so spread thin and then getting student engagement or knowing where to go, it can blur those lines. I'm hearing peer support, but then from a different faculty. But it turns out it's more of like an academic peer support, which this peer support is kind of like all of it. I find that doing that and that lack of communication spreads it thin and hard for students to even know where to go because you're just adding more layers and things that they have to sift through to say what's right for me, what's wrong for me? I think it's just getting the word out, marketing, promoting and getting in front of students and having people that are engaged in doing that as well.

Similarly, PD identified marketing and promoting as one of the biggest challenges the peer support program was facing.

Well, as a group right now, the most challenging thing we're facing is not getting students to come forward for appointments right now. So we're really working on the marketing and promoting that we are here to help.

PD also recognized the need for additional marketing and reported students may know about the service and are still hesitant to access peer support. They recommended a

campus event to target students that may require more information or prompting to use peer support services.

Some kind of event that would particularly market peer support to students on campus. I think that was the main barrier that kind of made it difficult for me to continue supporting other students because I think at one point people did know about it. But I think they were hesitant to come to peer support.

Addressing the Unique Experience of International Students

The majority of students interviewed were international students, and each shared how their unique experience travelling to another country to study, equipped them to provide peer support to other international students. Stigma experiencing mental health challenges and seeking help was identified as a common experience amongst international students, providing participants with motivation to apply to become a peer supporter.

PC shared how students expressed receiving peer support from a fellow international student helped them to create a support system. Peer support may be a means for international students to form important connections with other students, who share in their experience. This would be especially important for students that come to Canada without existing social connections in the community.

There are times where I used to talk to students and they would tell me that as specifically international students, it's a really different experience traveling halfway across the world and then going through that sort of thing. To them peer support, again with international students who are with a fellow international

student was a really great support system because they would feel alone, because it is such a unique experience.

PD described their experience moving away from their family and transitioning to a new country, sharing how the adjustment impacted their mental health and served as inspiration to help other international students. Additionally, PD commented that international students may be deterred from seeking mental health support due to the stigma present in their culture regarding mental illness.

I had to move to Canada and to do my degree and I came here with friends. My family is still back in [home country] and to make that transition that comes with a lot of stress as well. And as international students just adjusting to the environment and everything. There have been so many incidents that did affect me mentally and I just wanted to be capable of helping in my own little ways to someone who comes from the same environment, someone who has been through the same things. And I know that it can be a little daunting sometimes to make an appointment with an actual therapist because there is so much you think of, and especially like me, coming from a very conservative culture, like in [home country]. And I know that a lot of international students would agree on this, that because mental health is so stigmatised back home, it is still very difficult.

PB shared similar sentiments regarding the cultural impact on mental health stigma and a strong desire to offset mental health stereotypes through advocacy and peer support.

Coming from a culture that isn't really as open about mental health in general or just having been surrounded by the mental health stereotypes throughout my whole life, it's been really hard to access help in any kind of way. I've always been

passionate about just being a part of that change in general, in whatever ways I can to help just the advocacy for mental health. Once I saw that there was an opening for peer support, especially because last year I think it was the very first time on campus that we had the peer support program. I just gave it a shot and I really just like, well, I'll just give this a try because this is really something that I'm passionate about.

PC also expressed a desire to challenge mental health stigma that may prevent help seeking, amongst students from their home country, identifying this as a motivator to become a peer supporter.

<i>OR</i>	<i>So it was last summer when I actually saw, I think it was through [International Student Advisor's Office] where I saw the peer support job application thing.</i>
<i>CA</i>	<i>And I read up on it and it was just the perfect thing because I've suffered a lot mentally, I think, ever since I became a teenager. And when I got to UNB, since I'm [ethnicity], I'm from [home country] so when I got here I realized how a lot of people are, they suffer as well, but they're not open with seeking help because in [home country] it's a huge stigma. And I wasn't that aware about it because my parents were very supportive and my parents were very understanding, very supportive. Mental health has always been a conversation in my family. But I didn't know that a lot of other families and parents were not supportive. And you know, a lot of students could not talk about how they feel or felt really ashamed for, you know, going through struggles or feeling or wanting help.</i>
<i>EV</i>	<i>And that was kind of what was just like my passion to kind of apply for the job because I know what it's like. And I think, I would like to say I, I've kind of, you know found a way to kind of work through struggles obviously you know, some days are worse and like sometimes, certain things happen and it's really hard.</i>
<i>RE</i>	<i>But that is kind of what drove me to get the job.</i>

Supporting Students Experiencing Sexual Violence

An unexpected and startling finding was the stories of sexual violence encountered by peer supporters. Multiple participants shared that sexual violence was a common experience amongst the students. PA expressed that being in the peer support role working directly with students placed them in a position to observe the issues students were facing, such as sexual violence. Having a greater understanding of the needs of students may allow peer supporters to advocate for crucial changes on behalf of the student population.

Students aren't reporting because they don't feel safe, they don't feel comfortable. They don't trust the system and that tells you. But me being a peer supporter has given me that kind of window, that lens to take in and see how important it is and going to see the VP of Student Services and Affairs and trying to collaborate as much as possible because as somebody with personal experience of trauma and other things, that if you cannot cope, nothing else matters.

PC shared similar concerns regarding the number of sexual violence survivors they encountered in their role. They suggested the formulation of a support group for survivors of sexual violence created in collaboration with counselling and peer support services, may aid in addressing the needs of students who have experienced current or prior sexual violence.

I think just also having a support group for survivors of sexual violence is very important because I didn't realize how common it was until this year when I met so many students who were survivors. And it's just unfair that the only resource that they have is counselling, or CSASA [Campus Sexual Assault Support

Advocates], you know? I think in cooperating within the peer support group or within the counselling group, just having a sexual violence survivor support group, I think that would be very beneficial because you'd be surprised as to how many students have experienced that prior or are currently.

Availability and Responsiveness of Supervision

The feedback regarding the supervision peer supporters received was overwhelmingly positive. Several participants commented how their supervisors were always available when needed, providing them with debriefs following difficult sessions and checking in on their own mental health. Supervision was provided by counsellors at the university counselling center. Participants identified regular check-ins and an emphasis on the importance of peer supporters' mental wellness as important components of supervision.

PB expressed the importance of frequent check ins and how supervision helped them to feel supported and comfortable in their role as a peer supporter.

They were really sweet and they made sure to check in on us. Whenever we used to have, weekly check-ins. And that actually really helped me a lot like personally as well cause they would check in on how we were doing and it made me feel really supported too because just how important it is for us to be able to support other people, they were there with us as well supporting us. It was a really, really good experience because it made me feel much more comfortable too.

PD shared a similar narrative of supportive supervision, recognizing that their own mental health was made a priority, and that extra support was essential to help peer supporters process difficult stories shared in session with students.

They're always there to answer questions, to help, and they're really understanding when it comes to... they're always telling us that our own mental health is also important. If at any point you feel that you can't do this today, if you need a break you can always take a break and all that. I think it has been really helpful having that support from your team as well, because it might seem like just talking to a friend for most people when it comes to peer support, but it is not. There are some stories that will stay with you, and it's not just you walk into a session and you forget about it. Maybe some people can do that and I am jealous of people who can do that, but it's not the case with me because if someone tells me something, it sticks with me. And I find it really helpful that the team is there if we ever need to let it out as well. And right after my first session that happened to me. So I went to [supervisor] and we talked about it and I felt much better after that.

Chapter 5 – Discussion

The study's findings have addressed the three guiding questions and have offered insights into the perceptions of peer supporters regarding their role in university mental health promotion, the challenges they face, and recommendations for supporting their role. The analysis suggests peer supporters view their role centred on shared experience, which can be used to build connections and provide an inside perspective of systems students must navigate. Participants expressed how peer supporters may function as a positive example of someone living with mental health challenges, inspiring their fellow students to manage their mental health and succeed academically. The analysis also revealed peer supporters felt their role may play a part in addressing the complex needs of both international students and students who have experienced sexual violence. Findings indicated peer supporters perceived their role as a more approachable option for certain students because of similarities in age, status, and experience with mental health challenges. Peer support may serve the role of reinforcing peer supporter well-being, as participants identified several personal benefits beyond financial compensation, such as gaining additional coping strategies, professional and personal growth, holding them accountable to manage their mental well-being, and emotional fulfilment.

Peer support was not free of challenges. Maintaining emotional and professional boundaries, and ambiguity of the peer support role, were challenges identified by participants. Participants suggested additional marketing of peer support services and clarification of boundaries to address these issues. Peer supporters shared how supervision functioned as a debrief following tough sessions, identifying regular check-

ins and supervisors who prioritize their mental health as positive components of the supervision they received.

Summary of Major Findings in Relation to the Literature

The Role of Shared Experience

Participants unanimously included shared experience in their descriptions of the role of peer support, recognizing its instrumental role in forming connections between peer and peer supporters. This builds on existing evidence within the literature which identifies shared experience as an essential element of peer support, vital for building a strong therapeutic alliance and providing an additional layer of understanding that differs from other helping relationships (Austin et al., 2014; Walsh et al., 2018; Watson, 2019). Participants described the bond and sense of sameness that can result from sharing both similar experiences of mental health challenges and the attached emotions. Hearing others' similar stories and emotions, reportedly allowed peer supporters to feel less alone in their experiences. Similarly, Gidugu et al. (2015) found shared experience normalised mental health challenges, resulting in peers recognizing they were not so different and were not alone. This finding supports suggestions in the literature that promote peer support as a social intervention to re-establish relationships and address the isolation that can accompany mental health challenges (Gillard, 2019; Simpson et al., 2018).

One participant shared how peer support alerted them to issues within the current mental health system. They faced challenges in accessing mental health support and were surprised to discover similar stories from their peers during their work as a peer supporter. This participant identified issues accessing mental health care because of the unaffordability of therapeutic services and long waitlists, as well as being misdiagnosed

and being given the wrong medication. Scott et al. (2011), describes peer support as a “liminal occupation” as they can hold the perspective of service provider and service user simultaneously, as this participant described (p. 188). With their dual perspective, peer supporters are promoted as well positioned to evaluate mental health services (Watson, 2019). Peer supporters can use this unique knowledge to adjust the way they provide support, to contrast their experiences with unhelpful support, and to advocate for systemic changes. While this perspective can be useful, it is important to point out how this may place peer supporters in a difficult position. Part of their role as a systems advocate may require them to question and criticise the organisations that employ them (Mancini, 2018). This risk of role conflict is a repeated concern within the literature, as peer support becomes increasingly integrated into mental health care systems (Mancini, 2018; Murphy & Higgins, 2018; Simpson et al., 2018; Vanderwalle et al., 2016). For peer supporters employed within university mental health services, they may experience conflict between their roles as an employee, mental health advocate, and student. Advocacy forces them to challenge not only the system that employs them, but the one in charge of their education and possibly their future.

The results of this study revealed peer supporters perceived self-disclosure regarding their mental health challenges and how they manage their mental well-being as a student, to inspire both hope and self-efficacy in their peers. Similarly, Davidson (2012), suggests one of the unique components of peer support is the “instillation of hope through positive self-disclosure” (p.124). Inspiring feelings of hope is commonly cited as an outcome of peer support within the literature (Bellamy et al., 2017; Gidugu et al.,

2015; Thomas et al., 2018). In this study, instilling hope in others was suggested as what makes peer support meaningful and helpful.

As discussed in the findings, one participant shared a narrative in which they used their own experience in a course to encourage their peer's sense of self-efficacy. The participant reportedly shared resources and used self-disclosure to show an example of someone experiencing challenges emotionally and academically, and still succeeding. Burke et al. (2018) posits that observing mastery and success in people similar to oneself, reinforces an individual's personal self-efficacy. Students involved in peer support are given the opportunity to connect with a positive role model, who, like themselves, has experienced mental health challenges. Observing and interacting with peers who are coping with mental health challenges may exert vicarious reinforcement, enhancing a peer's belief in their own capacity to cope (Sun et al., 2022). Peer support may enliven a sense of self-efficacy because it offers a counter narrative to the commonly told stories of mental illness being portrayed as a weakness or something to be ashamed of. An individual experiencing mental health challenges is not shameful, rather, they are capable of flourishing. Self-disclosure and the vulnerable sharing of how a person has experienced challenges to their mental health also opposes the shame and secrecy that surround mental illness (Corrigan et al., 2013). Peer support is empowering, because its very existence challenges the dominant messages of mental health stigma, giving individuals the control to reconstruct their own self-narratives, reinforcing their unique capabilities and self-efficacy. This process is essentially the inverse of internalising stigma, allowing individuals to shed negative views of themselves imposed by societal messages, replacing them with a self-narrative that reflects their strengths and resilience.

Approachable Mental Health Support

Participants in this study perceived peer support as playing a role in reaching students hesitant to access mental health support. They identified several factors they felt made peer support more approachable for students, including similarity in age, positioning, and lived experience with mental health challenges. One participant described how self-disclosure coming from the peer supporter may contribute to a perception of equality. This finding regarding perceived approachability supports suggestions in the existing literature that promote peer support as a less intimidating mental health service for students (Byrom, 2019; Suresh et al., 2021).

Just as participants in this study expressed, the research has also indicated young adults have a tendency to initially reach out to their social networks or peers when they are in need of mental health support (Cage et al., 2020; Husky et al., 2016). Similar to what was stated by participants, Byrom (2019) suggests the less formalised nature of peer support may encourage help-seeking amongst students, especially those that do not evaluate their mental health challenges as severe enough for professional help. This is significant as it has been demonstrated that even when experiencing high levels of depression, anxiety, and stress compared to the general population, students do not perceive their experience warrants professional help (Cage et al., 2020; Cyz et al., 2013). In a study by Remskar et al. (2021), students hesitated to seek help because they believed that university mental health services were limited and should only be used by students experiencing severe mental distress. Peer support may be a more approachable first step for students, serving as an access point to additional support if the student's mental health concerns are outside of the scope of what a peer supporter can realistically provide. If

peer support adequately addresses the student's needs, it may additionally reduce the need for further mental health intervention.

Participants described the comfort that accompanies receiving support from someone they know has lived experience of mental health challenges and suggest this may play a role in peer support being more approachable for students. Enhanced willingness to seek help might be further explained by considering the potential impact of peer support on internalized stigma. A meta-analysis and systematic review conducted by Sun et al. (2022), comparably demonstrated peer support increased willingness to accept help, but unlike this study also found evidence peer support reduced internalised stigma. Researchers hypothesise peer support reduces internalised stigma by encouraging a positive sense of identity and group identity. Interacting with other members of the stigmatised group may result in more positive self-perceptions and positive perceptions of people experiencing mental health challenges, thus inhibiting the influence of internalised stigma and encouraging help seeking (Watson et al., 2007). Finding interventions to address internalized stigma such as peer support are important given internalised stigma has been found to be a significant barrier to help-seeking amongst university students (Cage et al., 2020). According to Tucker et al. (2013), help-seeking behaviours are linked to perceptions of stigma constructs, such as self-blame and social inadequacy. When individuals perceive themselves at fault for being in mental distress and less valuable than others, it may be hard to conceive outside help of any potential benefit.

Promoting Mental Wellness and Growth

In this study, participants indicated there were several benefits involved with providing peer support, most notably the positive influence over their mental wellness and professional and personal growth. This aligns with the research of mutuality as a core concepts of peer support, in which there is substantial evidence of the peer support relationship being built on mutual benefit (Austin et al., 2014; Gidugu et al., 2015; Mead et al., 2001; Moran et al., 2012). The presence of mutuality signals that peer support is a mental health intervention consistent with empowerment. The reciprocity that occurs between peers may help to minimise the imbalance of power, in which neither party is the expert, rather, they can learn from one another and contribute to collective growth (Mark et al., 2022; Walsh et al., 2018).

The findings of this study suggest peer support may positively affect the mental well-being of students providing support. Participants described how they learned new coping strategies from their peers and received emotional fulfilment from the work. Additionally, engaging in peer support served as a reminder to maintain their own mental health strategies and reach out for support themselves if needed. This is supported in research by Tisdale et al. (2021), in which peer supporters perceived that their role contributed to their own personal development and mental wellness, by validating and normalising their lived experience and providing them with new insights into their recovery. Similarly, Austin et al. (2014) found peer supporters reported helping clients succeed, provided them with feelings of accomplishment, positivity, and a sense of purpose, supporting their recovery and well-being. In another study, participants identified engaging in work as a peer supporter increased their awareness of their mental

health, reminding them of what they needed to do to keep themselves well (Moran et al., 2012).

Crisp et al. (2020) found university peer support facilitators perceived an increase in confidence, the development of professional and communication skills, as well as a greater feeling of connection to the university community, following their participation as peer supporters. This corresponds with the findings of this study, in which several participants expressed their motivation to apply for peer support positions, as rooted in a desire to develop skills to become helping professionals. Peer support delivered in university settings presents an opportunity for students to gain mental health work experience relevant to their educational and occupational goals.

Clarifying Appropriate Professional and Emotional Boundaries

The analysis suggests maintaining professional and emotional boundaries was a challenge for study participants. They recognized being emotionally affected by peer support sessions was difficult to avoid. Peer supporters identified trouble navigating strong emotional reactions from their peers, especially in situations that mirrored their own experiences or when they were currently experiencing challenges in their personal lives. Navigating boundary concerns is a major challenge identified in the literature of integrating peer support (Knopes & D'égale-Flanagan, 2023; Repper & Carter, 2011; Vandevallé et al., 2016). Holley et al. (2015), found peer supporters expressed concerns about how the challenging, relational aspects of their work may trigger some of their mental health challenges. Researchers offered the strategy of proactively reflecting and anticipating stressors or triggers, as well as putting a plan in place in the event peer supporters were triggered. Practices need to be in place to provide adequate support and

supervision for peer supporters' own mental health and well-being, given the emotionally taxing work they engage in (Stewart et al., 2008).

One participant in this study described an experience where a peer they were supporting demonstrated they wanted to become friends. Finding the professional balance between peer supporter and friend was not something they felt well prepared for until after it occurred. The concern of dual relationships, in which peers and clients have a relationship outside of the therapeutic bond, is a key area in the study of boundaries (Knopes & D'égale-Flanagan, 2023). It is believed that dual relationships result in boundary violations, although it is more nuanced in peer support. Peer support is championed as a powerful social intervention, helping those with mental health challenges form connections with individuals similar to themselves. It is expected that there will be situations where peers feel they are forming friendships. This is further complicated by the level of personal self-disclosure and reciprocity present in peer support. Peers may misinterpret the vulnerable sharing of experiences as intimate, rather than therapeutic (Knopes & D'égale-Flanagan, 2023). Scott (2011) formulated peer supporter's description of the relationship as "friendly professionals, not professional friends" (p. 180). Some degree of dual relationship may be inevitable, especially considering the university context where students will have many opportunities to interact. It is essential that peer supporters are encouraged to articulate their boundaries up front with peers and be given opportunities, such as supervision, to discuss any boundary concerns (Kent, 2019; Repper & Carter, 2011).

Ambiguity and Promotion of Peer Support

Participants expressed a major challenge of their work was actually reaching the students they were employed to support, highlighting concerns about a lack of student engagement with the program. They identified the wide variety of mental health services and programs labelled as peer support on campus, as potentially confusing for students trying to access support. Participants indicated that additional promotion of what their peer support service offers and directly engaging with more students was necessary.

Role ambiguity is one of the most dominant challenges in the literature of peer support (Murphy & Higgins, 2018). There is much variation of the roles and tasks involved in peer support across, and within organisations (Penney, 2018; Schmidt et al., 2008). In a university context, peer support may additionally be confused with peer mentoring programs that focus on academic performance, a notion reinforced by participants of this study (Gershenfeld, 2014). Role ambiguity in community peer support services has been identified as a source of frustration, leading to unclear expectations and difficulty integrating into interprofessional teams with non-peer helping professionals (Ehrlich et al., 2020; Vandewalle et al., 2016). In contrast to the literature, the participants of this research did not lack clarity of their own role, rather they were concerned about potential misunderstanding amongst the student population of their role. This is significant, as not knowing where to go for help has been recognized as a barrier to professional help-seeking for post-secondary students experiencing mental health challenges (Czyz et al., 2013). Students who may greatly benefit from peer support may not be reached, due to ambiguity around what campus service would be the best fit for them.

Reeves et al. (2024) found that a lack of understanding of the peer support role from other professionals led to reduced promotion of peer support services and fewer referrals. This research did not explore the understanding of the peer support role from the perspective of other professionals working within student services, although that may be an important area for future research. Similar to community mental health services, peer support delivered in university settings must be integrated alongside existing services, which may direct students towards peer support if it is an appropriate program for them. Ensuring other professionals working within student support services have an understanding of the peer support role is imperative to facilitate acceptance and promotion of peer support (Reeves et al., 2024). Clear referral pathways for students into peer support services are essential to encourage the inclusion of peer support into mental health services offered at the university.

The Unique Experience of International Students

The findings of this study indicate that peer support may be a helpful intervention to address the well-being needs of international students. Multiple participants in this study were international students and spoke to how their unique experience travelling to a new country to attend post-secondary education, gave them an important perspective they could use to support their fellow international students. Participants identified international students may face additional hurdles accessing mental health support due to increased stigmatisation regarding mental health challenges present in their home countries. Existing research supports the difference in stigmatisation across cultures (Ahad et al., 2023). For example, African and Arabic cultures may attribute mental illness to spiritual or supernatural causes, leading to delayed or avoided mental health

treatment. In Asian cultures, mental illness may be considered a negative reflection of both the individual and immediate family (Han & Pong, 2015). Help-seeking outside of the family may be seen as shameful. Stigma becomes a multifaceted phenomenon, resulting in a loss of status beyond the individual level, which may complicate the disclosure of mental health challenges. International students may face additional layers of stigmatisation from their cultures, that mental health professionals unfamiliar with their cultural experience may struggle to understand. Peer support offered by fellow international students may be essential for student counselling centres that lack diversity.

There is limited research into peer support services delivered specifically to international students. Suresh et al. (2021) found that, at one Canadian university, peer support services were utilised by a larger proportion of non-Caucasian and international students. Researchers hypothesize the greater use of mental health services may be the result of a combination of factors such as smaller support networks, cultural alienation, difficulty adjusting to a new socio-cultural environment, and experiences of discrimination (McGarvey et al., 2015; Suresh et al., 2021). International students experience similar stressors and developmental challenges as domestic students entering university, compounded by unique pressures and difficulties that result from adjusting to a new country with differing cultural expectations (Prieto-Welch, 2016). Racial discrimination, cultural misunderstandings, language difficulties, and social isolation may add to the stressful experience of transitioning to university, leading to mental health concerns among international students (Yakunina et al., 2011).

Participants in this study expressed peer support may play a role in aiding international students in developing support systems. The usefulness of peer support as a

social intervention, to connect international students with one another, may be beneficial for students with little social support in their host country. Social support plays an important role in moderating stress and well-being, tied to transitioning to a new culture and country for international students (Alharbi & Smith, 2018). Shu et al. (2020) found that possessing a social support network positively contributed to international student's adjustment to their socio-cultural and academic environment. Peer support may provide the opportunity for international students to connect to individuals who have experienced a similar transition and can provide guidance and support on how to navigate their unique experience.

Addressing Sexual Violence in Universities

Peer supporters in this study perceived peer support as playing an important role in addressing sexual violence experienced by students. This was an unanticipated finding, and it comes with many implications for future research and practice. Research in the area of peer support for victim-survivors is limited as it is in its infancy (Cody, et al., 2020; Konya et al., 2022). Peer support for university students who have experienced sexual violence is even less present in the literature, although sexual violence on university campuses is a persistent concern. The participants identified sexual violence as a significant area of need which is supported by research that demonstrates an estimated 20-25% of women are victimized during post-secondary education, a difficult prevalence to gauge due to underreporting of sexual violence (Fedina et al., 2018). The prevalence of sexual violence and the magnitude of harm it causes makes it imperative that there are effective, accessible services available for victim-survivors (Gregory et al., 2022).

In a systematic review of peer support for victim-survivors of sexual abuse, several benefits of peer support as an intervention were identified, including positive impacts on psychological, physical, and interpersonal well-being (Konya et al., 2020). Cody, et al. (2022) found peer support delivered to victim-survivors can provide emotional and social support, create space for normality, and offer choice and control to the individual. Peer support relationships are built on equality and self-autonomy, giving victim-survivors the space to shape and determine the focus of sessions.

In contrast to participants willingness to use peer support to address sexual violence, Gregory et al. (2022) emphasised that while peer support can be a valuable intervention for some individuals, it should be a part of a range of services to suit the different needs and stages of post-victimization. Researchers warn that peer support has the potential to be harmful, if the victim-survivor was not ready to manage peer-to-peer interactions or had not undertaken individual work with a trauma-trained professional. Additionally, concerns were identified related to peer supporter expertise, highlighting the need for training about the management of trauma and distress for victim-survivors of sexual violence (Gregory et al., 2022, Konya et al., 2020).

Regardless of peer support as a suitable service for victim-survivors, it is likely that peer supporters in their role directly interacting with students will encounter disclosures of sexual violence as research suggests the majority of disclosures are to a peer or friend, as supported by the experiences of peer supporters in this study (Sabina & Ho, 2014). The response to disclosures can either facilitate or hinder recovery, with the potential to do further harm to the individual (Mennicke et al., 2022). Therefore, ensuring training regarding responding to disclosures of sexual violence should be a priority for

universities investing in peer support. For example, Sexual Violence New Brunswick, an organization dedicated to supporting survivors of sexual violence and public education, delivers a five-day sexual assault crisis intervention training program, providing attendees with tools to respond effectively to disclosures of sexual assault (Sexual Violence New Brunswick, n.d).

Availability and Responsiveness of Supervision

The results here indicate supervision is an important component of peer support, functioning to provide regular check-ins, debriefs following difficult sessions, and ensuring peer supporters prioritise their mental well-being. This finding supports evidence within the literature that supervision may be instrumental in supporting the development of healthy boundaries and professional development (Forbes et al., 2022; Kent, 2019; Stefancic et al., 2021). Forbes et al. (2022), similarly found peer supporters desired supervisors that demonstrate an awareness of the emotional toll involved in sharing one's lived experiences, are able to recognize the effects of compassion fatigue, and encourage self-care. Supervisors may need to possess a strong understanding of the emotional burden and complexities of peer support work, helping peer supporters navigate their work-life balance (Foglesong et al., 2022). This would be important for students providing peer support who must also balance time devoted to their studies. Participants in this study expressed positive experiences of supervision, which contrasts negative experiences of receiving inadequate guidance and low frequency of contact reported in the literature (Vandewalle et al., 2016). This may be related to the fact their supervisors work within counselling services at the university and have much experience providing mental health support to students, likely having a level of understanding of

balancing academic obligations and taking care of one's mental health. Supervision is frequently offered as a recommendation to mitigate the many challenges peer supporters face, yet there is little actually written about supervision (Foglesong et al., 2022; Forbes et al., 2022). Ensuring quality research to inform the practice of supervising peer supporters, is key to better supporting the integration of peer support.

Research Limitations

The primary limitation of this study is the number of participants and the fact all participants identified as women. Due to a small sample size, it can be concluded that only a subset of peer supporter perceptions and experiences were captured, excluding the experiences of peer supporters that do not identify as women. Undoubtedly, peer supporters who were not reached during recruitment would have important perspectives and narratives of their experience that would add to the findings. Additionally, participants were selected from a small sample of peer supporters who participated in a program delivered at one Canadian university. Therefore, results may not generalise to other populations of peer supporters, in other universities or locations, or community-based peer support delivered outside of a university context. A degree of caution must be exercised when evaluating the transferability outside of this specific context. The majority of participants in this study were international students, which may have an influence on results and affect transferability.

This study evaluated a peer support program newly launched at the university. Once the program has the opportunity to mature, there may be additional insights into its integration and promotion within the university that are not as clear this early into the

program's development. Since they were in the early stages of this program at the time of interviewing, peer supporters had limited experience in their role.

Another limitation of this study is that the data collected was self-reported data relying on the individual perspectives of participants. Self-reported data is subject to bias arising from "social desirability, recall period, sampling approach, or selective recall" (Althubaiti, 2016, p.212). Researchers must rely on participant's appraisal of events and circumstances, which may be altered by a desire for approval or their ability to recall details. However, qualitative methodologies that rely on self-reported data produce rich narrative descriptions of the participants' experience and perspective that may be necessary to reflect the complexity of human emotion, thought and behaviour involved and which would be difficult to assess quantitatively (McMillian, 2016).

Recommendations for Practice and Future Research

The findings speak to important challenges of integrating peer support for student mental health services and a need for institutions of higher education to work collaboratively with peer supporters to address these issues. To address the potential of role conflict for peer supporters employed at their university, the administration should establish processes for peer supporters to provide feedback on mental health programming or report concerning trends. Peer supporters have a role in mental health advocacy, and must be able to fulfil that role without jeopardising their employment or education. Opportunities for peer supporters to provide regular anonymous feedback on student mental health services may be helpful in lessening the impact of role conflict.

Peer supporters in this study appreciated regular supervision and supervisors who prioritised their mental well-being. As supervision becomes a more established

complement to peer support, it is clear supervisors must be well-informed regarding the emotional labour of peer support and ensure part of their role as supervisors is encouraging self-care. Researchers must conduct additional research on peer support supervision because it plays an essential role in mitigating the challenges of maintaining emotional and professional boundaries. However, we know little about what constitutes effective supervision or the experiences of peer supporters who receive supervision. While other professions have extensively documented supervision, researchers need to further explore the unique aspects of peer support supervision to better support this practice.

Peer supporters in this study identified the need for additional promotion and contact with the student population to address a lack of students using the program. Considering the potential of peer support in promoting student mental health, it is important to prioritise investing in increased promotion of this service to reach more students. Clear referral pathways and educational opportunities regarding peer support for other staff employed in student service may be helpful in directing more students towards peer support. Other professionals working within student services will need to possess an understanding of the benefits that peer support can provide to students, in order to refer students to peer support appropriately. Further research like this study, which aims to make the role of peer support within university mental health promotion clearer, is needed to better articulate the role of peer support and demonstrate its value to other helping professionals.

It may be particularly important for counsellors to be aware of the potential benefits of peer support and their role within student mental health promotion, given their

proximity. As is the case with the participants of this study, peer supporters may work alongside counsellors employed within student mental health services. Counsellors have a professional obligation to educate themselves on the distinctions between counselling and other allied mental health professionals (Canadian Counselling and Psychotherapy Association [CCPA], 2021). When a client is working with multiple helping professionals, it is the responsibility of the counsellor to work in the best interests of the client, addressing different or complementary aspects of the client's needs. Developing an effective treatment plan with existing clients, may additionally involve the counsellor referring students to peer support services to comprehensively address their needs and treatment goals. Therefore, it is essential counsellors working with students understand the value of peer support and what constitutes an appropriate referral, engaging in consultation when consented and warranted. Intermingling between counsellors and peer supporters, such as through shared professional development opportunities or case consultation, may aid in increasing counsellor awareness of the peer support role and enhanced collaboration (Moore & Zeeman, 2020).

Participants perceived peer support as key to addressing the mental well-being of international students. International students have unique experiences and needs, and it is the responsibility of the university that hosts them to ensure they are being adequately supported. Peer support may be part of an effective strategy to ensure approachable and culturally responsive mental health promotion for international students. Further research is needed to provide greater insights into the ability of peer support to address culturally related mental health stigma and support international students transitioning to university. Additionally, exploring the use of peer support to address the social needs of international

students experiencing isolation in their host country would be an important area of research.

Peer supporters in this study shared experiences encountering students who had experienced sexual violence. It is important for researchers and experts to conduct additional research and discussion to determine how peer support services can fit into the range of services offered to victim-survivors. Concerns regarding the ability and training of peer support facilitators to manage distress and trauma need to be addressed through additional research. Training regarding sexual assault response may be beneficial for peer supporters who will be working directly with students and are likely to encounter disclosures.

Conclusion

This study explored the perceptions of peer supporters regarding their role in university mental health promotion, focusing on challenges they've encountered, and how they can be supported as peer support is integrated into the university mental health system. Peer support is believed to be a mutually beneficial mental health intervention, providing emotional support between students. The promotion of mental wellness and personal growth that is a potential by-product of peer support enriches peer supporter well-being, allowing them to do the emotionally intensive work they do. Clarity around appropriate professional and emotional boundaries is needed for peer supporters to safely and ethically provide support to fellow students. Supervisors must be available and responsive to peer supporters, as they navigate these boundaries and maintain their own mental health. The ambiguity of what peer support entails, in the university context with many services vying for student engagement, presents a challenge for peer supporters. It

is essential the student population and the university understand the value of peer support, so peer supporters can work to their full potential. Peer support may contribute to uncovering and filling gaps within student mental health services, addressing the needs of international students and students who have experienced sexual violence.

Guided by a theoretical framework of empowerment, this research illustrated the center of the peer support role is shared experience, specifically what it means to be a student living with mental health challenges. Peer support shifts the disclosure of mental health challenges from a source of shame towards being a professional and complex skill, used to relate to others and empower them to manage their mental well-being. Peers are able to witness their fellow students' successes as a person experiencing mental health challenges, instilling in them a sense of their own control and self-efficacy. While a new addition to the university system, peer support shows promise in promoting student mental health and supporting students as they navigate mental health challenges, academia and young adulthood.

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Appendix A: Informed Consent

Informed Consent for Research Interview

Researchers: Andrea Moores, Graduate Student, University of New Brunswick

Dr. Jen Rowett, Faculty of Education, University of New Brunswick

Dr. Jeff Landine, Faculty of Education, University of New Brunswick

Contact information: Andrea Moores may be contacted at amoores@unb.ca

If you have any concerns about the research, you may contact Dr. Jen Rowett, Faculty of Education at the University of New Brunswick: jen.rowett@unb.ca

This project has been reviewed by the Research Ethics Board of the University of New Brunswick and is on file as REB 2023-076.

Dear Participant:

You are invited to take part in this research, which is designed to explore the experiences and perspectives of peer supporters who have provided mental health support to their fellow students in the university setting. The research interview will take approximately 45-60 minutes and will be completed virtually through Microsoft Teams.

Your participation is completely voluntary. The interview will involve answering questions regarding your experience as a peer supporter, and your perspective of the role of peer support including the challenges of that role and how it may be better supported.

The potential risks of taking part in this study are minimal. However, if you feel uncomfortable, you may take a break from the interview, choose not to answer some of the questions, or decide you no longer want to continue the interview. You may withdraw from the study at any time, for any reason. You also have the right to withdraw any data that you have previously contributed to the study by asking us to remove that information.

All information collected in this study will remain confidential. Any information that could be used to identify you from the survey will be de-identified. The data and other information collected in this study, such as consent forms, will be kept in a password protected Google drive. The researchers are the only individuals who will have access to this information.

Please keep your copy of this consent form to refer to as needed, and in case you need to contact us. Additionally, if you feel distressed for any reason, be aware that confidential support and counseling will be offered to participants. If you feel you are in need of

immediate support, please call 911, or visit your local Emergency Room services at the hospital.

The summary of findings will be shared with participants through a written method and you will have the opportunity to provide feedback in written form, over the phone, or through video conferences with a member of the research team, depending on your preference.

The findings of this research will be shared at related conferences and knowledge sharing events, within journal articles.

Signature

Date

Name

Appendix B: Interview Protocol

Thank you for participating in this study. The purpose of this study is to learn about the role of peer support in university mental health care. I would like to learn about your personal experience as a peer supporter and what you think would be helpful for supporting and promoting the role of peer support.

Demographic details:

Age:

Gender:

Program of Study:

1. How would you describe the role of a peer supporter?
 1. What is the story behind how you became involved in this role?
 2. What did you think your role would be before you started? Has that changed?
 3. What was communicated to you that your role would be?
2. What has been your experience preparing for this role?
 1. What was your experience receiving training?
 2. Were there other areas you would have liked to have received training?
3. Can you tell me about an experience that you've had as a peer supporter that stands out to you?
 1. What do you think is significant about that example?
4. Can you tell me about a challenge you've had as a peer supporter?
 1. Have you experienced barriers that make fulfilling your role difficult?
 2. What would make it easier for you to provide support to students?

5. What has been your experience using your own personal experience to support others?
 1. What do you think is meaningful about sharing personal experience?
 2. What does it mean to you to support another person?
6. How have you been supervised in your role as a peer supporter?
 1. How have you been supported through this role?
 2. How has providing peer support affected your own mental health/wellness?

Curriculum Vitae

Candidate's full name: Andrea Moores

Universities attended: Memorial University, Bachelor of Nursing, May 2019
University of New Brunswick, Master of Education in
Counselling, October 2024

Publications: N/A

Conference Presentations: N/A