Peer support models for children and young people with mental health problems

The evidence, opportunities and issues relating to peer support models for children and young people with mental health problems

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This piece consults secondary research from a wide range of sources, ranging from government reports to third sector studies and both qualitative and quantitative pieces. This is in conjunction with our primary research involving first-hand visits and interviews with service providers and schools.

> *"Peer mentoring is a fantastic idea as young people should be able to feel like they aren't the only one going through these problems."* (Future in Mind, 2015).

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The level of need

Through the lens of our modern life, the notion of childhood as distinctive to adulthood is regarded as a central ideal in our society. However, it is important to remember that acknowledgement of the developmental needs of children and young people is a relatively modern concept and can be traced back to the Victorian era. What must also be acknowledged is the fact that our understanding of childhood is evolving, with increasing awareness that people continue to develop into their mid-twenties. Children and young people's needs are different to adults', and so their support systems must reflect this.

Between 1999 and 2017, the percentage of our five to 15 year-olds experiencing mental health needs increased from 9.7 % to 11.2 % (NHS Digital, 2018). Furthermore, one in four girls in the Millennium Cohort Study reported low mood (Patalay & Fitzsimons, 2017).

The unique role of peer support

Peer support offers the potential for children and young people to develop the resilience needed to reduce mental health needs and to recognise their wellbeing needs at an early

stage. Done properly, it can bring a unique and sustainable benefit to children and young people's wellbeing, that can endure into adulthood. A longitudinal study in the USA (Lester & Cross, 2015) identified that the most supportive factor for mental health in primary school was supportive peer relationships.

While this is a broad concept, it suggests that the role of peers in children and young people's mental health is significant and that there are opportunities to build on this in response to the rising rate of referrals to children and young people's mental health services.

What do we mean by peer support?

The Department for Education (2017) notes that authors "tend to acknowledge that there is no agreed definition of peer support". They suggest that Street & Herts (2005) cover many key themes with their definition:

> *"Using the knowledge, skills and experience of children and young people in a planned and structured way to understand, support, inform and help develop the skills, understanding, confidence and self-awareness of other children and young people with whom they have something in common."*

Lived experience has been described as "a representation and understanding of a researcher or research subject's human experiences, choices, and options and how those factors influence one's perception of knowledge" (Sage, 2008).

Peer support may also be defined as "the help and support that people with lived experience of a mental illness or a learning disability are able to give to one another." (Mental Health Foundation, 2020).

The lack of fixed definition could be seen as a weakness of peer support, but the breadth of approaches shows it merely symbolises the diversity of forms that it can take.

Formal vs informal peer support

Youth workers with extensive experience of peer support note the difference between formal and informal support. "Peer support happens anyway" is a common sentiment. This leads to fear that formalising it will "undermine the power of peer support".

Groups such as the Mental Health Foundation and the Proud Trust embrace a universal approach, embedding mental health peer support across their work and programmes. Rather than assuming that it will happen organically, these groups recognise that being proactive can harness informal peer support. Being aware of it when designing programmes for children and young people should only enhance their benefits.

At its core, it is giving children and young people the sustainable skills and confidence to look after their own and others' mental health and wellbeing. That may come formally or informally.

Inequalities

Four million children and young people in the United Kingdom are growing up in poverty. Over a quarter of children and young people receiving free school meals report that they often feel lonely (Office of National Statistics, 2018), and there is compelling evidence linking child poverty with current and future mental ill health. Disabled children and young people, young people from LGBTQ+ or BAME communities, and those with physical health conditions also face a significantly higher risk of poor mental health.

Peer support, and improving mental health literacy and confidence, could be useful for groups that face some of the highest risks to their mental health, many of whom report finding professionally-led services ‘hard to reach’ or less relevant to their needs and lives.

The current offer

Peer support can be offered by one individual to another, or it can be delivered in a group setting. The support can be delivered in school, in community-based projects both in the voluntary sector or healthcare or online. What is important to note is that a key ingredient of successful peer support is effectively recruiting the right people to act as mentors and ensuring that these children and young people have training and ongoing supervision. The Department for Education (2017) undertook a literature review which concluded that there was only a small number of studies whose evaluations contained robust outcome measures. Recurring themes included the value of strong leadership and of training and supervision for the peer mentors.

Peer support has the power to enhance the emotional wellbeing of children and young people as well as self-esteem and confidence. The value of having children and young people with lived experience of mental health problems involved in the process of peer support has been emphasised by the Department for Education (2020).

Its landmark report details the process of recruiting 100 pilot sites, 91 of which were schools. Schools informed children and young people of the project and mentors were often selected by volunteering, although some schools actively recruited children and young people, for example by approaching those with mental health needs or those living in difficult circumstances. Mentees were often nominated by staff.

While the report was not able to identify evidence of improved wellbeing on any of the validated scales it used, children of both primary and secondary school age reported feeling ‘happier, better supported and better able to cope with the issues that had prompted them to seek support.’

This illustrates a central dilemma: how can adult reviewers fully understand the value of peer support for children and young people using outcome measures designed by adult reviewers? This is exacerbated by the fact that there is no national wellbeing measure for children and young people. A further dimension to this question is provided by Sally Carr (2020) of the Proud Trust who emphasised the value of qualitative evaluation showing us how beneficial peer support was to children on a case by case experiential basis. Naturally a question that arises in this context is how do we support children and young people to develop their own outcome measures?

Perhaps the best place to start an exploration of both outcome measures and the outcome of peer support is to review the work undertaken with parents. In Manchester, the service for children under the age of 5 (CAPS) is delivered by a multi-agency team (NICE, 2014). This service has supported the development of Home-Start Manchester's (2020) Parent Infant Mental Health project. The project is delivered by a full-time Parent-Infant Mental Health (PIMH) volunteer Coordinator and part-time Family Support Worker, building on Home-Start's core work of volunteer-led peer support for families in their own home.

All volunteers who will support a family where PIMH support has specifically been requested have completed an additional 16 hours of training. The training is co-delivered by CAPS service (Children and Parent Service), a Health Visitor and the Home-Start PIMH Coordinator.

The overriding feedback from mothers was that peer support from another mother with lived experience is impactful because the support is more authentic, less intrusive, non-stigmatising and there's a real genuine empathy. Shared experience is seen to normalise the experience for the service user and takes away, or at least minimises, shame. This is key to their recovery and the development of a healthy parent-infant relationship.

While the evidence for peer support in child and adolescent physical and mental health services is limited, there are some promising studies. The Institute for Mental Health worked in partnership with Nottinghamshire Healthcare NHS Trust (2020). They recruited 8 peer support workers to support 247 inpatient and community clients. The study found that children and young people found it easier to talk to the peer support workers than other staff and there was a 14% reduction of inpatient stays among the children and young people that they worked with.

Furthermore, the peer support workers enhanced the organisation with peer support becoming one of the workstreams for the organisation. Importantly, peer support workers found that their mental health recovery was enhanced. It is of note however that the standard referral process did not work, and that other staff struggled not to see the peer support workers as an 'extra pair of hands'. This could be addressed with awareness raising of the peer workers roles and the importance of peer support.

The Children and Young People's Mental Health Service (CYPMHS) in Salford (2020) runs a monthly participation group for children and young people who have been or are currently accessing their service. This is part of the CYPMHS offer; activities include a theatre group and participation in staff interview panels.

Informal feedback from one of the course leads, Tayaba Nicholson, reveals that children and young people have made friends, gained confidence, and in one case moved to being part of the main theatre group for young people and being discharged from the Salford Service. A recurring theme can be seen to be confidence and employment. What is important to note is that children and young people want to have peers with shared experience supporting them. This is echoed by Dunn (2017) who also finds that children and young people want to be paid for taking on this role.

A different young people's project within Salford CYPMHS, led by Vicky Gillibrand and Jane Davies in collaboration with Young Minds, led to young people applying a 'rainbow lens' to the You're Welcome (Gov.UK, 2011) audit tool to enable the tool to provide an LGBTQ+ perspective on the quality of CYPMHS. Once again, while no formal outcome measure formed a part of this study, it is of note that children and young people reported improved

confidence after the project.

The Emerge 16-17 Children's Mental Health Team (2020) was established in 2007, led by service manager Vicky Gillibrand at NHS Manchester University NHS Foundation Trust. The team was developed from the foundation of a community service that had been working in a range of primary care and voluntary sector locations. The origins of the team were rooted in participation; young people chose the name and form a key part of staff interview panels.

Vicky reported that she had worked as a peer support worker in her early 20s and noted that peer support workers need to be supervised well because young people are more likely to disclose to peers. She also noted how difficult it was to maintain boundaries with distressed peers.

One of the most challenging aspects of working with young people can be the complex process of repairing a relationship when there have been difficulties in the engagement. Dr Louise Theodosiou recalls a situation where a clinical contact led a young person to become upset and angry while risk was being managed.

This young person became part of the participation group organised by the Emerge Team and through a piece of peer support work was able to express her ongoing low mood and re-engage with Dr Louise Theodosiou and receive anti-depressant treatment. The challenge is that these experiences are anecdotal, and difficult to quantify- a general peer support issue not unique to child and adolescent mental health (CAMHs) settings, an overall issue that we address later is this piece.

Dr Sarah Gaskell (2020) led the development of a service facilitating psychological recovery after paediatric burns. From this has sprung a successful burns camp and a transition to adult services website developed with lots of involvement from young people. Young people have reported feeling more confident facing the world and they have been strengthened by the experiencing of giving and sharing peer support. It is of note that an evaluation of the Burns Camp (2007) has highlighted the challenges of quantitative and qualitative outcome measures. While the former showed little consistent change, the latter revealed increased confidence and enhanced coping with the burns injuries.

There is limited evidence detailing the value of benefit of peer support for children and young people with physical illness in acute settings. However, a review of websites such as CHIVA (2020) reveals the value of peer support camps for children and young people, with participants reporting increased confidence and satisfaction with life.

Within a voluntary setting, the Mental Health Foundation (2020) echoes the importance of informal peer support, they also note that they deliver universal peer education which has the advantage of ensuring that peer support can be accessed by all CYP. Their project is called the Peer Education Project and has successfully allowed older students to support younger pupils. This model of universality allows CYP to learn about sources of support available to them in their school, as well as thinking of ways they can stay mentally healthy. The Mental Health Foundation emphasises the importance of adult support, particularly when safeguarding needs are disclosed.

Priory Park Infant School, as part of a whole school approach, use a peer mediator scheme, the ethos of which stems from restorative justice practice. The school find that this peer support improves their children's conflict resolution, relationship building and harm reduction. What is

unique is that the children are 7 or 8 years old. Despite their formative age, the school has seen positive, long-lasting results.

Social Media

Social media are a part of the lives of many children and young people in the UK (OFCOM, 2019). There is currently a thoughtful, ongoing debate about the potential benefits and risks of the online world to children and young people. Centre for Mental Health (2018), The Royal College of Paediatrics and Child Health and The Royal College of Psychiatrists (2020) have all explored different dimensions of the mental health impacts of social media, and while a recurring theme is the need for more longitudinal studies, it is clear that social media can have a negative impact on mood and self-esteem for some children and young people.

Furthermore, there is growing awareness of the need for children and young people to be supported both online and in their real world lives to protect their mental health and reduce the risk of serious harm. A key element in this support is the need to enhance the wellbeing and resilience of children and young people and to ensure that they know how to access mental health support and to offer signposting for peers and friends.

A systematic review of online peer support for children and young people identified that there was a lack of studies evaluating the effectiveness of online peer-to-peer interaction. Of the limited data available, much was related to university students who were over 18. It would be important to understand more about the possible risks and benefits to children and young people who may be disclosing wellbeing needs online and not being supported by adults.

Finally, it is important to note that in a study of preschool children with autistic spectrum conditions (ASC), training peers without ASC to offer support was noted to enhance the communication of children with ASC. This was echoed in a systematic review (Saxena et al, 2019) looking at online peer support by parents of children with neurodevelopmental needs or cerebral palsy to children with the same condition. While this is a different model to children and young people's peer-to-peer support, it is of note that the children and young people in these studies were identified as experiencing social communication improvements.

Evidence of the benefits or risks of peer support

"Talking to other kids is better, because they get it"
"I feel safe talking to young people here, because we're dealing with the same things"
Young peer leaders, The Proud Trust

As has been discussed earlier, much of the evidence in relation to peer support for children and young people is qualitative, and thus difficult to assess through the lens of outcome measures. Looking at the evidence base for child and adolescent mental health, the concept of goal-based outcomes (CORC, 2020) can be seen to have quietly revolutionised CYPMHS. Goal-based outcomes are those negotiated by children and young people and their clinicians.

At the beginning of a course of therapeutic work, the young person, sometimes with their parents, will explain to the clinician what goals they would like to work towards. Examples

might include going into school without feeling stressed or developing strategies to cope with thoughts of wanting to die. What is key is that the outcomes have been developed by the young person themselves.

The Department for Education (2017) notes that there are “a small number of peer support studies which have included robust evaluations to measure the impact of programmes on participants” and “a larger number of studies based on feedback from participants and self- reported outcomes”. It could be argued that the large-scale peer support study in schools was extremely successful by the standard of goal-based outcomes, with improved wellbeing reported by mentors and mentees and most schools wanting to continue the project.

Managing risks

> *“Our trained peer mediators can do so much, but they are only 6 or 7 years old. Some days they may need some extra support, which is where the adult supervisor on hand can step in.”*
>
> Family and Inclusion worker, Priory Park Infant School

A general risk (and fear that has been reported by teachers) is that children and young people may not give constructive help and may in fact cause more harm than good. This risk might be especially significant for mental health, as it is perceived as a complex topic. A subcategory of this worry is ‘tip sharing’, whereby support groups for certain problems such as anorexia can lead to information sharing about hiding problems or avoiding scrutiny.

While these are justified concerns, they can be managed. Contrary to the fear that peers are not well placed to support children with mental health problems, a Young Minds internal survey showed that peers were the support option children and young people were most likely to turn to on average, and even more tellingly, they found peers to be the most useful support (personal communication). It should be noted that although peers were the most likely to be turned to, they still only offered valuable support to 50% of those asking for it (this is still higher than the percentage of helpful support given by parents or teachers.) Given that children are turning to their peers most, it is hoped that peer support will improve the effectiveness of a resource children and young people are already using.

All mental health interventions for children and young people carry a risk if not conducted properly. Just as counselling or other interventions would be less effective if not organised and monitored, so too would peer support. This just means that funding and time need to be given to it to see effective results. It is an argument for funding and managing peer support fully, not for stopping it.

For example, Priory Park Infant School uses a ‘safety net model’ whereby two child peer mediators (who have had training) are on duty each day. They are trained to resolve issues in a non-judgemental way, but there is always a trained adult on hand should any support or serious escalation be required. This allows growth for the children while ensuring that they and their peers are in a safe, supported environment.

Fears of children and young people hindering each other’s development or wellbeing with accidental ‘bad practice’ is of concern, but it is not limited to peer support. Peer support models do not contain features that increase the chance of harm compared to that which could be occurring when children and young people interact in an unstructured way. In fact,

they offer more opportunities to intervene if their interaction is unhealthy.

Maximising benefits and reducing risk

"A barrier to replication to a successful peer support scheme can be that a group's success has come partly from the leaders and group members involved."

Project Manager, Mental Health Foundation (2020)

The Department for Education (2020) notes that strong leadership from the adults developing and supporting peer programmes is key. They also note that choosing the appropriate mentors is essential. However, it could be argued that the process of selecting some children and young people and excluding others needs to be approached within the concept of therapeutic risk. In other words, some young people who may themselves have a combination of wellbeing, attainment and social needs should be given the opportunity to work as mentors. The feedback from the Proud Trust illustrates the challenges of ensuring that young people with intersecting needs have the opportunity to act as mentors.

It is of note that anecdotal evidence from Salford CAMHS reveals that a young person who had been working with CAMHS experienced a reduction in her risk while working in a peer support setting. Additionally, the personal experience of Dr Louise Theodosiou was that a young person who was struggling to engage with the service and experiencing significant risks of self-harm was able to re-engage with the service, with a package of care including medication and regular therapy. She experienced a reduction in risk and improved quality of life.

However, set against this, it is important to remember the words of Vicky Gillibrand who noted earlier that young people may disclose things to other young people that they would not tell adult clinicians, and that boundary setting can be challenging for young people. This highlights the importance of regular supervision and support for young peer workers.

The early work on intersectionality (Krenshaw,1989) emphasised that people who find themselves in minorities within minorities, for example people who identify as LGBTQ+ who also belong to minority ethnic groups, may experience heightened marginalisation. Thus, the opportunity to work as mentors can provide a vital space to enhance wellbeing. This therapeutic risk can be addressed by ensuring that mentors have ongoing support and supervision.

Another potential risk is that peer mentors will struggle to establish boundaries around the process of peer support: for example, wanting to offer support out of school and through different routes e.g. phone messaging. This may lead to peer relationships being placed under strain. Once again, ongoing supervision can work to address this, while at the same time allowing mentors to explore ways of balancing the role of mentor with that of peer.

The DfE (2020) noted that mentees found it reassuring to see a friendly face either at the start of the day or in the corridor; although this seems minor, it echoes a lot of our discussions with service providers, namely that regular pastoral support ofparticipants is important.

Opportunities to improve or expand mental health peer support

Resilient networks

Traditional approaches to promoting mental health have focused on trying to enhance resilience on an individual level. Yet it is arguable that placing the onus on resilient individuals can exacerbate the problem, by putting pressure on children and young people to be resilient alone. Research has shown that wellbeing is hugely affected by peers, family and support networks (The Children's Society and Barnardo's, 2018).

The approach of the Proud Trust (2020) may represent a different way to reach the most vulnerable children and young people through the concept of developing *resilient networks* rather than resilient individuals. This can be seen to provide an antidote to the isolation reported by young adults (BBC, 2018). It could be argued that training could start with more resilient children and young people who could then in turn support others to become mentors, enhancing the resilience of networks.

Looking to strengthen networks may be a more effective way to strengthen the individuals in those networks than focusing solely on each individual in isolation.

Carrying on

Many schools plan to continue the peer support programmes that were started in the DfE pilot. Voluntary sector organisations are keen to expand their resilient networks, however such organisations report that the process of repeatedly bidding for specific funding reduces the resources available to develop them. A whole school approach is a good setting for increased peer support. DfE and Ofsted's revisions of approach in the future could consider how they will support this.

The Mental Health Foundation notes that the success of some peer support schemes can rely on strong characters or leaders, making successful replication uncertain.

Priory Park Infant School note that their peer mediation is part of a whole school approach, which also includes a therapeutic approach to behaviour amongst other measures. As a result, it can be hard to know which element of the overall approach can be attributed to an improvement in children's wellbeing. Monitoring and evaluation of specifics can therefore prove difficult. As above, qualitative feedback seems the best method.

Education, training and development implications

The DfE (2020) pilot offered one day of training to education staff who had been identified as leads for this project. The syllabus for this training was provided by the Anna Freud Centre, who provided a useful toolkit (2019) for training peer mentors. What is interesting to note is that the qualifications required by adults are not specified in the document. It does note that the adults do not need to have specific training in mental health, but that they do need clear pathways of communication with local safeguarding leads.

The DfE (2020) report identified the need for strong leadership and for staff to have the capacity to offer the training and supervision required to maintain projects. Thus, we can

conclude that while formal training of adult staff may not be needed, ongoing supervision and support of these staff will be key.

As stated previously, peer support occupies an important and very different position to professionally led mental health support for children and young people. However, it could be argued that youth workers and peer mentors may both have potential roles to play in CYPMHS, both in terms of sharing ideas and career development.

Thus, the initial training to adults working within an existing framework with CYP could be estimated to be one day. However, the process of recruiting mentors and then mentees, training mentors and offering ongoing supervision, has not fully been elucidated. It may be expected to require both an initial commitment of time to train mentors and then weekly supervision. It is of note that this level of commitment was not offered by all schools in the pilot.

Conclusion

Supporting children and young people's mental health requires innovative and varied solutions. There is some evidence of the potential potency of peer support, and the unique space it can occupy in providing children with lifelong skills, mental health literacy and confidence. Creating user-defined outcomes that are more sophisticated will allow us to better evaluate and expand programmes. Informal peer support is powerful but should be harnessed and not used as a placeholder for necessary service provision. With time and money invested, we can help children to help both each other and themselves.

Peer support makes sense and young people believe in it, and we must work with them to develop a shared knowledge base that reflects their goals. There is a need to understand the value of informal peer support, enhance formal peer support, and help our children and young people thrive not just in childhood, but gain the skills and confidence to thrive in transition and adulthood as well.

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