

Exploring a Peer-support group model of mental health for Indian college students

Dr Neera Pant*

* Department of Psychology, Gargi College, University of Delhi

DOI: 10.29322/IJSRP.12.05.2022.p12513
<http://dx.doi.org/10.29322/IJSRP.12.05.2022.p12513>

Paper Received Date: 11th April 2022

Paper Acceptance Date: 27th April 2022

Paper Publication Date: 6th May 2022

Abstract- Aim: The COVID-19 pandemic has severely affected the mental health of students in India. Since most educational institutions do not always have trained counsellors the use of peer-support groups is suggested as a stop-gap measure. The present research explores one such peer-support group through its development and functioning as a model for mental health interventions. **Method:** A group of fifteen participants were selected through purposive sampling. All of them were students pursuing the Applied Psychology Honours programme as their undergraduate degree, in a college in Delhi. They were trained in active listening skills and the WHO Quality Rights (WHO,2017) guidelines. A facilitator was selected from amongst them to oversee the smooth functioning of the group. **Data:** Detailed unstructured interviews were conducted to understand the reasons for joining and the benefits of the peer-support group. **Results:** The Reflexive Thematic Analysis (RTA) by Clark and Braun(2019) was done on the interview data. Some of the themes that emerged are “sharing”, “impact of the group” etc. **Implications:** Peer Support Volunteers who are fellow students trained to provide peer-to-peer resources can be designated to help other students deal with the stresses of the pandemic and other mental health issues by forming support groups in colleges. These groups are the first steps toward dealing with problems of mental health.

Index Terms- COVID-19 pandemic, mental health, students, peer support groups, Reflexive Thematic Analysis

I. INTRODUCTION

Research suggests that the mental well-being of Indian students has been adversely impacted due to the COVID-19 pandemic. A recent study (Moghe, Kotecha, Patil,2020) found students presenting feelings of uncertainty, helplessness, and depression. In addition, there was an increase in anxiety due to lowered productivity, deferring of planned activities, and uneasiness about access to healthcare facilities. Virtual learning due to the pandemic has not always been effective due to the economic constraints of students and poor connectivity issues, negatively impacting students' career aspirations (Agha,2020).

Covid-19 has affected at least two-fifth of the Indian population with anxiety and depression being major illnesses (Grover, et.al

2020). The National Mental Health Survey(NMHS) conducted in 2016(Gautham et. al,2016) found the treatment gap was 73.6% for those with severe mental illnesses but rose even higher to 85.0% for common mental illnesses. This survey also indicates the impending paucity of trained mental health resources, further finding that the availability of psychiatrists in the NMHS states varies from the 0.05 per lakh population in Madhya Pradesh to 1.2 per 100,000 population in Kerala (Garg, Kumar, & Chandra, 2019). Not much has changed since the NMHS, contributing to most students being unable to access these inadequate resources thus further impacting their mental health during the pandemic.

There is substantial evidence suggesting that basic mental healthcare can be provided by trained non-physician health workers. As stated above, since in India there is a glaring shortage of trained professionals, the alternative of community health care can be actively considered. Mental health programs, involving peer educators, have proved useful in addressing issues of distress and well-being like suicide prevention even in Indian schools (Patel, et.al.,2011; Zachariah et. al,2018). This is especially true now in the aftermath of the COVID- 19 pandemic in India, to enable increased access to a basic standard of informed mental healthcare support for students.

Peer Support Volunteers (PSVs) who are fellow students trained to provide peer-to-peer resources over the telephone or virtually, have been recommended as a cost-effective method by which schools and universities can complement their traditional health resources. The well-being of these peer supporters' does not diminish while working as a mental health peer support worker; rather, some aspects of their well-being improve (Johnson & Riley,2021). People who have lived experiences of mental health issues serve as peer volunteers to support those with similar experiences in their healing processes (Pathare, Kalha, & Krishnamoorthy,2018). Trained peer support students not necessarily having a lived experience have also been used as PSVs successfully since research suggests that peers are an essential source of support for young people experiencing mental health issues. (Lubman et. al,2017). This can also be successfully leveraged in the Indian context where the mental health resources for students are limited.

The World Health Organization (WHO) has also identified the significance of peer support, a form of social support, in

nourishing mental health. In India, the *Atmiyata* programme, (Joag et al, 2020) a community-based mental health intervention dedicated to promoting wellness through community volunteers or PSVs in Maharashtra (India) was found to be successful. The lived experiences of the mental illnesses of the PSVs helped other members through their recovery journey during the meetings held by the *Maitri* groups. By reviewing international best practices of peer-support groups including *Maitri*, WHO QualityRights (WHO, 2017) developed, the “Creating Peer Support Groups in Mental Health and Related Areas” guidelines. This provides comprehensive guidance and training tools to develop peer support groups in mental health and can be adopted for Indian college students.

Shalaby, & Agyapong, (2020) have reviewed peer support in mental health. They have stated that the gap between people with mental issues and health care professionals, in recent years has been closed to some extent, through the acceptance of peer support services (PSSs) in the developed countries but not in India. The authors have further defined peer support as the extension of help by those individuals who have a lived experience of mental illness.

The present study was done to understand the efficacy of a peer-support group of volunteers trained by the author (in the role of Supervisor) in peer-support and active listening skills. The author piloted one such small group in her college by training a Facilitator based on the WHO QualityRights (WHO, 2017) guidelines.

II. METHOD

Participants: A group of volunteers who were all students of Applied Psychology Honours studying in a University of Delhi college for their undergraduate degree. They were selected through purposive sampling. The size of the group was 15, to begin with, but during the pandemic, the membership was reduced to 6. This was an exploratory qualitative research study.

Procedure: The first step was to identify through need assessment, the requirements for such a support group. Voluntary membership was extended to all the students pursuing Psychology in their under graduation. Most students who showed interest were new and experiencing issues in adjusting to college life. All of the members that were a part of the support group till the membership stabilised had lived experiences with mental health. A Facilitator was selected who was a final year Psychology student. She had already been trained in basic counselling skills. The Supervisor ensured that the members felt secure with the Facilitator’s abilities to lead the group. The Supervisor was also present for the initial meetings during group formation to train the members in non-judgemental communication and other core aspects of support group functioning as per the WHO Quality Rights (WHO, 2017) guidelines. A code of ethics and governing rules were established where emphasis on confidentiality, having empathy, sharing responsibility, etc. was established. Meetings were initially organised by the Facilitator until the membership stabilised, post which any member could initiate a meeting. This group was established before the COVID-19 pandemic and the members

were required to physically conduct one meeting per week. The meetings continued virtually at the onset of the pandemic.

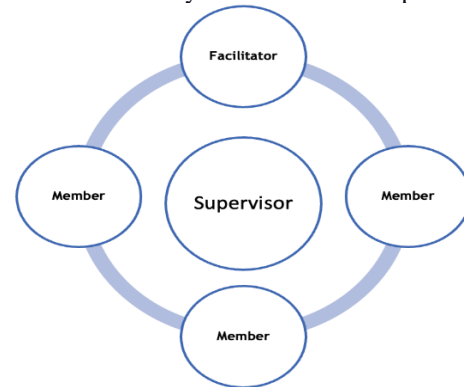


Figure 1: Building a Peer-support model for students

III. DATA

A detailed interview of four members was carried out by the author to understand the impact of the support group on the mental health of these members. This was an exploratory study. The researcher was trying to understand the reasons for the membership as well as the benefits of membership. This group had been active during the pandemic and the members continue to meet.

IV. ANALYSIS

Reflexive thematic analysis (RTA) (Braun & Clark, 2019) was done on the interview data that was relevant to the objectives of this study. RTA was used since this was an exploratory study and was relying on data gathered through detailed interviews. The thematic map is presented below in Figure 2.

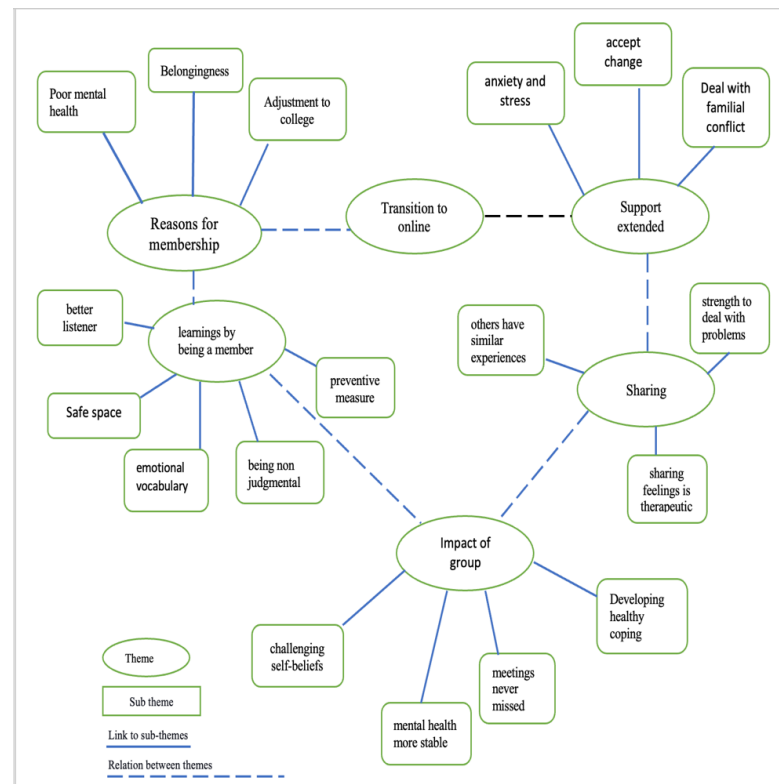


Figure 2. Thematic map of student interviews

V. DISCUSSION

College life often is the cause of many academic, social, transitional and cultural challenges for countless students (Beiter, et. al,2015). Peer support is not a novel idea and it is used globally in most higher educational institutions. This is not so in the Indian context where it is not utilised at all, despite its known benefits for student mental health issues. The present research is a small effort to try and understand the needs and impact of a peer-support group.

The interviews were analysed using RTA. The themes that emerged focused on the need to form a support group and the benefits the members obtained from regular meetings before and during the pandemic. All the members cited poor personal mental health as an important reason for forming the support group. The basis of peer support is the lived experiences of mental health. All the members of the present support group had mental health issues and hence were the appropriate candidates to start the support group. Schlichthorst, Ozols, Reifels, & Morgan, (2020) have defined peer support in the form of a personal and situation based association, the premise for which is lived experience, involvement in common life experiences, conditions, and beliefs. It is perceived as a “system of giving and receiving help, founded on key principles of respect, shared responsibility and mutual agreement of what is helpful” (Davidson, & Guy,2012). In the words of one of the members *“I joined the support group because I saw it as a group where I would learn more about mental health and will be able to provide as well as seek mental health support to and from my peers. Another reason was that most of the students in the group were from my batch so I thought I’d be more comfortable sharing my experiences/issues with them and also I will be able to resonate more with their experiences/ issues.”*

The present group had the Facilitator as a third-year student as she has already trained in counselling skills and the rest of the members were her juniors. Having peer support programmes in institutions provides additional support, reciprocally, to the junior students along with concurrently advancing the senior student’s confidence (Cust, & Guest, 2019). In the Facilitator’s words, *“I tried to share more, bring up topics that would be relatable to the group because of the common area that we have- college. I brought up concerns that I used to have when I entered college. When the members would share similar concerns, I talked about how I dealt with them, and we discussed what they would be willing to try if they thought it would help.”* Research suggests that all students can benefit from these peer-support groups - the junior students can build their confidence through their peers and the senior students can gain a multifaceted understanding of their role (Dennison, 2010).

Chinman, et al (2006) stated that the genuineness found in peer-support relationships could lead to greater feelings of empathy and connectedness and this was expressed in the themes that emerged from the present study. In the theme *“learnings by being a member”* codes like *safe space, non-judgemental listener* etc indicate connectedness. Further in the words of a member, *“I know that I am not alone, I have someone to talk to if I need to, I know that I do not have to go through the worst times of my life alone. Each time I am at a low point in my life, I am provided with comfort and strength from the support group. Even small things like hearing “thank you for sharing” “I hear you,*

this is a difficult experience” “I am here for you”, help me to gain strength and support. There are also times when I gain confidence and a better sense of self-worth because of the group”.

The continuance of the virtual meetings had greatly benefited the mental health of all the participants by providing them empathetic support to share the anxiety and alleviate stress created by the pandemic. *“The support group has helped in the absence of access to formal counselling sessions. It has made its members less anxious, less alone or, isolated and has also helped to get rid of negative thoughts. It helps a lot in venting, getting a different perspective knowing that one is not being judged”* (personal communication). This peer-support group provides a safe space for students to share their mental health experiences in an enabled setting, virtually as well, with student peers who may have their own lived experiences of mental health. Peer support programs have been shown to propose alternative support options during crisis and care, and an effective strategy to engage with people that traditional health services fail to reach as was the case during the lock-down and social distancing during the pandemic (Sokol, & Fisher,2016). Further Viswanathan, Myers, & Fanous, (2020) state that offering virtual peer support groups is a useful model for others to adapt to so as to help students and others in this ongoing worldwide pandemic.

VI. CONCLUSION

There are many benefits to both the junior and senior students, hence more students should be provided with this practice of peer support. This role can have the possibilities of improving leadership, self-esteem, personal knowledge as well as confidence while, positively impacting students’ mental health. Student mental health peer support groups represent an opportunity to localise mental health services. Institutionalizing mental well-being through economical campus wellness services will engage students in active listening, educate peers about self-care and healthy coping strategies and can also help attenuate the stigma around mental health.

As clearly specified by Suresh et al,(2021) peer-support groups can never replace traditional forms of treatments rather only complement them. In India, when there is limited access to professional treatment these peer-support groups can be a ray of hope for the students.

ACKNOWLEDGMENT

There is no conflict of interest. Informed consent was taken from all participants.

REFERENCES

- [1] Agha, E. (2020). Learning rebooted: Online education during Covid-19 lockdown puts spotlight on India’s digital divide. Retrieved from news18: <https://www.news18.com/news/india/learning-rebooted-online-education-during-covid-19-lockdown-puts-spotlight-on-indias-digital-divide-2563265.html>.
- [2] Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2015). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *Journal of affective disorders*, 173, 90-96.
- [3] Braun, V., Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport Exercise Health* 11(4), 589–597 <https://doi.org/10.1080/2159676X.2019.1628806>

- [4] Chinman, M., Young, A. S., Hassell, J., & Davidson, L. (2006). Toward the implementation of mental health consumer provider services. *The Journal of Behavioral Health Services & Research*, 33(2), 176-195.
- [5] Cust, F., & Guest, K. (2019). Peer support for undergraduate children's nursing students. *Journal of Nursing Education and Practice*, 10(4).
- [6] Davidson, L., & Guy, K. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry*, 11(2), 123-128.
- [7] Dennison, S. (2010). Peer mentoring: Untapped potential. *Journal of Nursing Education*, 49(6), 340-342.
- [8] Garg, K., Kumar, C. N., & Chandra, P. S. (2019). Number of psychiatrists in India: Baby steps forward, but a long way to go. *Indian journal of psychiatry*, 61(1), 104.
- [9] Gautham, M. S., Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Kokane, A., ... & Shibukumar, T. M. (2020). The National Mental Health Survey of India (2016): Prevalence, socio-demographic correlates and treatment gap of mental morbidity. *International Journal of Social Psychiatry*, 66(4), 361-372.
- [10] Grover, S., Sahoo, S., Mehra, A., Avasthi, A., Tripathi, A., Subramanian, A., ... & Reddy, Y. J. (2020). Psychological impact of COVID-19 lockdown: An online survey from India. *Indian Journal of Psychiatry*, 62(4), 354.
- [11] Joag, K., Shields-Zeeman, L., Kapadia-Kundu, N., Kawade, R., Balaji, M., & Pathare, S. (2020). Feasibility and acceptability of a novel community-based mental health intervention delivered by community volunteers in Maharashtra, India: the Atmiyata programme. *BMC psychiatry*, 20(1), 1-14.
- [12] Johnson, B. A., & Riley, J. B. (2021). Psychosocial impacts on college students providing mental health peer support. *Journal of American college health*, 69(2), 232-236.
- [13] Lubman, D. I., Cheetham, A., Jorm, A. F., Berridge, B. J., Wilson, C., Blee, F., ... & Proimos, J. (2017). Australian adolescents' beliefs and help-seeking intentions towards peers experiencing symptoms of depression and alcohol misuse. *BMC public health*, 17(1), 1-12.
- [14] Moghe, K., Kotecha, D., & Patil, M. (2021). COVID-19 and mental health: A study of its impact on students. *MedRxiv*, 2020-08.
- [15] Patel, V., Weiss, H. A., Chowdhary, N., Naik, S., Pednekar, S., Chatterjee, S., ... & Kirkwood, B. R. (2011). Lay health worker led intervention for depressive and anxiety disorders in India: impact on clinical and disability outcomes over 12 months. *The British Journal of Psychiatry*, 199(6), 459-466.
- [16] Pathare, S., Kalha, J., & Krishnamoorthy, S. (2018). Peer support for mental illness in India: an underutilised resource. *Epidemiology and Psychiatric Sciences*, 27(5), 415-419.
- [17] Shalaby, R. A. H., & Agyapong, V. I. (2020). Peer support in mental health: literature review. *JMIR Mental Health*, 7(6), e15572.
- [18] Schlichthorst, M., Ozols, I., Reifels, L., & Morgan, A. (2020). Lived experience peer support programs for suicide prevention: a systematic scoping review. *International journal of mental health systems*, 14(1), 1-12.
- [19] Sokol, R., & Fisher, E. (2016). Peer support for the hardly reached: a systematic review. *American journal of public health*, 106(7), e1-e8.
- [20] Viswanathan, R., Myers, M. F., & Fanous, A. H. (2020). Support groups and individual mental health care via video conferencing for frontline clinicians during the COVID-19 pandemic. *Psychosomatics*, 61(5), 538-543.
- [21] World Health Organization. (2017.) Creating peer support groups in mental health and related areas: WHO QualityRights training to act, unite and empower for mental health (pilot version). World Health Organization.

AUTHOR

First Author – Dr Neera Pant, M.Phil, Ph.D.(Psychology), Gargi College, University of Delhi, New Delhi,
neera.pant@gargi.ac.in.

Correspondence Author – Dr Neera Pant,
neera.pant@gargi.ac.in, neerapant@gmail.com,
+919810208292.