CHMA Campus Peer Support Site Report

CMHA National's Campus Peer Support Program:

Evaluation of the Project Pilot at Five Campuses

PREPARED FOR

Canadian Mental
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Association canadienne
pour la santé mentale

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Executive Summary

Formalized mental health peer support is delivered by people with lived experience who have received specialized training and assume unique, designated roles within systems and contexts that support individuals experiencing mental health difficulties. Peer support is an important feature of any service array, reducing the need for more intensive services and providing alternative ways for people to get the help they need.

Many colleges and universities have begun developing peer support options on their campuses to meet the significant mental health needs among their student populations. CMHA National led the development and pilot of the *Campus Peer Support* (CPS) program at five post-secondary institutions across Canada. The goal of the program, funded by Health Canada, was to support the effective implementation of peer support as a formalized service within the continuum of care at post-secondary institutions. This involved developing community-campus partnerships, developing a training curriculum, and supporting its delivery so that on-campus peer support programs were set up to provide high quality support to post-secondary students.

Purpose of the Evaluation

In collaboration with a Partner Advisory Committee, Taylor Newberry Consulting (TNC) led a developmental evaluation that focused on several primary areas of inquiry:

- How did the partnership of CMHA National, post-secondary institutions, and local CMHAs partner together to build a peer support training curriculum and prepare for the roll out of local peer support programs?
- How was training received by peer support staff and to what extent was it effective in building the confidence and skills of staff to deliver peer support? How has the training helped peer supporters personally?
- What do models of peer support look like across the five campuses? How are they unique and what do they share in common?
- What do students who use peer support think about the programs?
- What have we learned about delivering effective peer support in post-secondary campus contexts?

Evaluation Approach

The evaluation focused on understanding program development, implementation, and outcomes through the use of qualitative and quantitative methods and tools, including post-training surveys, supported student surveys, project tracking, key informant interviews with partners and leaders, and focus groups with peer support staff.

Evaluation Findings

The evaluation demonstrated that training and capacity building developed by CMHA National led to new and effective peer support programs and/or built the capacity of existing peer support

programs to solidify and expand their services. The following findings are highlighted below. Detailed findings are found in the report:

- **The Peer Support training** developed for delivery on campuses was **well received by both the facilitators** (who delivered the training) **and the peer support staff** (who received the training)
- The project allowed campus programs to hire peer support staff, leading to **greater staff engagement, commitment**, as well as **program stability and consistency**.
- Peer supporters reported learning **a range of essential knowledge and skills** to deliver effective peer support, including active listening, understanding self-determination, establishing boundaries, maintaining confidentiality, managing difficult conversations, and self-care. **Confidence, based on these new areas of skill/knowledge, improved**.
- **Peer supporters**, having lived experience themselves, **benefitted personally** from the training and the supportive context of working within the program. The learnings that are important for the delivery of high quality peer support were equally important to managing their own health and well-being.
- **Supported students found the supports helpful** (most often "extremely" or "very" helpful) in addressing their mental health needs.

The evaluation demonstrated that the models of peer support employed necessarily differed based on campus context, needs, and conditions, leading to different types of program spaces, service types (e.g., drop-in, one-on-one, groups), links to other campus services, and specialized programming. A key finding is that **peer support spaces need to be comfortable and welcoming to students, with opportunities to access support in discreet and confidential ways**. A promising practice to maximize student engagement is to **ensure the space can be used for multiple purposes** (for relaxation and respite, to make social connections, for small group recreation, etc.) so that student comfort and familiarity will boost their confidence to seek help through peer support.

Recommendations and Conclusions

This project showed how investment in peer support can carry important benefits for young people. **Peer support is particularly well-matched to campus contexts**, which are frequented by concentrated populations of young people. Developing peer support programs on campuses **aligns strongly with prevention models**, by accessing many potential youth, where they are at and at their early moments of struggle, and in ways that are often more accessible than, for example, booking a counselling appointment.

Specific recommendations stemming from the evaluation include **implementing strategies to strengthen campus-community partnerships, improving/enhancing certain elements of the training, optimizing how peer spaces are used to promote access and engagement, and building strategies for program promotion and integration on campus**. Details can be found in the main report.

Peer support programs meet a need that is high and acute, as students are at particularly vulnerable points in their lives. **The evaluation showed that peer support is a highly valued service in the context of post-secondary campuses, which most often do not have the health and wellness resources that are needed.** A general recommendation is that **peer support programs should receive suitable funding for wages, space and operating costs**, so that services can move beyond volunteer-based models. Volunteer programs can have positive impacts, but programs with paid staff create greater accountability, engagement, commitment, consistency, and quality.

National organizations, including CMHA National, can play a major role in advancing on-campus peer support. In this project, it was CMHA National's objective to provide and promote a set of standards, along with a range of shared assumptions, to inform high quality peer support. With a training program already in place, there are opportunities to expand this agenda further and scale the project to other campuses. Other national organizations working the post-secondary space could be involved to promote this opportunity and need. For this to move forward, additional federal funding or other revenue sources are required.

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1. Introduction

Peer support has been an important community-based mental health program within CMHA federation branches, regions, and divisions, serving over 330 communities across Canada. CMHA National advances the peer support model across Canada through its strong working relationship with Peer Support Canada, which certifies peer supporters. In line with these initiatives, CMHA National led the development and pilot of the *Campus Peer Support* (CPS) program at five post-secondary institutions across Canada. The goal of the program, funded by Health Canada, was to develop an evidence-based training to effectively prepare students with lived/living experience of mental health and/or substance use health issues to support their fellow peers. Through this training, CMHA National expanded the menu of support options available to students on campus and increased access to just-in-time support. This cross-site evaluation report contains the following:

1. A brief summary of the literature around the value of peer support for post-secondary students
2. An overview of the evaluation approach, design, and methods
3. A description of the setup and roll out of the program at the five pilot campuses
4. A review of evaluation findings across all five sites
5. Discussion of best practices learned from the pilot with recommendations to advance and improve peer support on post-secondary campuses.

Research Evidence of the Value of Peer Support

Historically, peer support is understood as a naturally occurring, mutually beneficial support process, in which people with shared or common lived experiences meet and share their own stories, skills, strength, and hope. Peer support was often viewed as an alternative to mainstream mental health services that often failed to meet the needs of people experiencing mental distress. In more recent years, however, peer support has become an important component of effective mental health supports, with "formalized" peer support programs becoming widely available. Formalized peer support is delivered by people with lived experience who have received specialized training and assume unique, designated roles within the mental health system, to support an individual's expressed wishes. Peer support is an important feature in any system of mental health services, reducing the need for more intensive services and ideally taking some of the strain off of clinical support providers (Community Mental Health Evaluation Initiative, 2004; Pistrang et al., 2008).

Many colleges and universities have begun developing peer support options on their campuses to meet the significant mental health needs among their student populations. The need is high. Campuses serve concentrated populations of young people experiencing a wide range of new challenges and stressors of independent living while navigating brand-new social and academic pressures, all while being physically removed from their normal personal, familial, and professional supports. On-campus clinical services are grossly under-resourced, and students

are unlikely to seek out support when they experience difficulties. Additionally, community-based services are often disconnected from campus communities.

Peer-led interventions have been shown to have a positive impact on a variety of mental health outcomes (Bryan & Arkowitz, 2015; Byrom, 2018; Mary Christie Institute, 2022; Richard et al., 2022). A recent survey of over 2000 students found that nearly two-thirds (60%) of students who accessed peer campus support found it helpful for a number of mental health issues such as stress, depression, and anxiety (Mary Christie Institute, 2022). This survey follows previous research (Byrom, 2018) that found that peer support across eight UK campuses decreased students' depression and anxiety scores, especially for the 57% of participants who attended more than one session. Lloyd-Evans et al. (2014), however, found little evidence for the effectiveness of peer support for those with severe mental illness. The research on peer support thus supports the value of peer-support programs offered *in conjunction with* professional mental health care, depending on the severity of one's requirements. Ultimately, peer support can provide valuable interim or complementary support, but is also valuable for those not seeking clinical support (i.e., those who face barriers to clinical care or do not feel mainstream services meet their needs) (Solomon, 2004).

Impacts for Equity-Deserving Groups

Peer support programs are notably successful for helping diverse groups of individuals; they also tend to be accessed more by equity-deserving or marginalized groups. Surveys conducted by the Mary Christie Institute have found that students who identify as Black, transgender, or first-generation college students access peer counselling services at higher rates than their white, cisgender, and non-first-generation student peers, and these students are more likely to say that it is "very important" to have a peer counsellor that shares their identity (Mary Christie Institute, 2022). Similarly, more non-white international students access peer support programs than their white, Canadian counterparts, and bisexual students access peer support at higher rates than their heterosexual peers (Suresh et al., 2021). Systematically marginalized groups may use peer support programs at higher rates because these groups may face higher levels of discrimination and victimization than peers (Meyer, 2003; Ozer, 2015). While over 80% of students say peer campus supports serve students of various backgrounds and identities (Mary Christie Institute, 2022), these studies show that peer campus support programs can be further improved by ensuring peer counsellors come from diverse backgrounds.

Impacts for Peer Supporters

Peer support programs not only benefit those who access their services, they also have positive impacts on a variety of mental health outcomes for peer supporters themselves (Mary Christie Institute, 2022; Suresh et al., 2021). Providing peer support has been shown to increase self-esteem and confidence (Bracke et al., 2008), feelings of helpfulness (Suresh et al., 2021), and sense of belonging (Johnson & Riley, 2021). Supporting one's peers has also been shown to decrease loneliness (Morelli et al., 2015) and avoidance-based coping (Johnson & Riley, 2021). Despite peer counsellors having lived experience with a variety of mental health issues, and the added emotional load that they bear helping others, they score high on measures of wellbeing

(Mary Christie Institute, 2022). Peer-counsellors' high wellbeing scores are vital not only for themselves, but also ensures that they are able to provide optimal service for those who seek peer campus support services. However, Armstrong-Carter et al. (2020) note that while there are short-term increases on peer-counsellors' positive affect, these effects may decrease in the long term.

Generating Buy-In

Institutional readiness for and acceptance of peer support are critical for peer support program success on campuses. A survey by the Association of University College Counselling (AUCC) found there is nearly universal support (95%) from mental health professionals for some form of peer campus support program (Mary Christie Institute, n.d.). AUCC directors do share a variety of concerns, however, such as resource constraints, a lack of evidence to determine best practices, a disproportionate burden on certain identity groups, and a lack of standardized guidelines. The intention of evaluating CMHA's Campus Peer Support pilot is to provide key learnings around common concerns (such as workarounds to resource constraints), considerations around best practices, and further evidence of the effectiveness or student-appreciation of peer support. Ideally, the findings from this pilot program will help set up for success other post-secondary institutions interested in starting a peer support program.

Early Program Development

The mission, values, and strategic direction of the peer support program were established in collaboration with a network of stakeholders brought together by CMHA National, including campus representatives, local CMHA representatives, and an evaluation team. Initial development involved selection of campuses for involvement in the pilot, and the development of two curricula: one to train the trainer at each campus, and another, flexible curriculum, to be used to train peer support workers.

Campus Selection and Participation

CMHA National received applications from numerous post-secondary institutions to participate in the pilot. A total of 15 colleges and universities and their CMHA partners were selected for interviews to learn more about their campus' context, goals, and needs. In addition to establishing a decent geographic distribution across the country, there were dimensions considered to guide the selection process:

- **Universal delivery** – All students who need help are served
- **Specific needs** – There are specific populations on campus that would be targeted for services.
- **Capacity to serve diversity** – The program will be able to meet diverse needs.
- **Current peer support programming (campus)** – The extent to which mental health peer support programming is already available on campus

- **Current peer support programming (local CMHA)** – The extent to which mental health peer support programming is a core service of the local CMHA with the capacity to support the campus.
- **Strength of campus-CMHA partnership** – The extent to which campuses have an existing relationship and history with their local CMHA
- **Campus supports** – the presence of existing mental health and allied supports on campus.
- **Alignment with student leadership** – the extent to which the student community (e.g., the student union) has prioritized mental health and wellness.
- **Campus space** – The extent to which there is/will be a designated campus space for peer support and what that space looks like.
- **Campus interconnectedness –** The extent to which campus mental health supports are well-connected to other departments, services, programs, spaces, initiatives, and groups on campus.
- **Campus links to the community** – The extent to which campus mental health is linked to supports and services in the surrounding community.
- **Capacity to deliver training** – The extent to which the partnership is able to deliver peer support training.
- **Other unique factors** – Any unique contextual factors that deserve consideration.

The pilot selected campuses to ensure a diversity of contexts and the likelihood that the CPS project would be able to capitalize on the strengths of the partnership while building capacity to address gaps and unmet needs. The following five institutions were selected for the pilot:

- Medicine Hat College (MHC)
- Trent University (Trent)
- University of British Columbia (UBC)
- University of New Brunswick (UNB)
- University of Prince Edward Island (UPEI)

There were some notable factors that made each pilot institution unique in the set-up of the CPS program at their campus(es). Some campuses housed their CPS program within their Counselling Department (MHC, UNB, UPEI). This partnership involved having a counsellor on the implementation team, and/or sharing a physical space with counselling offices. There were different successes and challenges associated with the closeness to Counselling for each site (explored later, in the evaluation findings). UNB implemented the program at two campuses (Fredericton and Saint John), each with unique contexts and implementation plans. Two locations operated without a dedicated physical space to offer peer support: MHC and Saint John Campus at UNB. Both of these campuses come up with creative options for offering peer support at different locations around campus.

Trent and UBC were distinct from the other sites in that they both already had fully operational peer supports in place at the time of the pilot, each about 4 or 5 years old. The goal of the pilot was to enhance their existing capacity by facilitating paid peer support employment and

enhancing existing training. UBC was unique as a site in two additional ways. First, their focus is primarily on substance use health, and addictions. This is not only unique within the pilot but within post-secondary peer support in general. Second, there was no community partnership in place with a local CMHA.

Developing the Curricula and Equipping Sites to Begin

CMHA National implemented a co-design process: the Campus Peer Support Partnership Team launched in December 2021 and convened regularly to guide the development of the **training curriculum.** The partnership team is comprised of students, counsellors, program coordinators, and administrators from 5 partnering campuses, and peer support workers / coordinators / managers from 4 partnering CMHA divisions, regions, and branches (CMHA partners served as subject matter experts in peer support).

Once the curriculum design was completed, the partnership team developed **facilitator training content** in conjunction with a subject matter expert from Peer Support Canada (Allison Dunning), and then developed the **peer support training**. CMHA National procured D2L BrightSpace to host the Campus Peer Support Training; within Brightspace, each site had a community of practice and access to a national community of practice for all peers.

This "train-the-trainer" curriculum equipped facilitators at each site to train students/alumni with lived/living experiences of mental health and/or substance use challenges to support their peers according to CMHA standards of effective peer support. Peer supporter training was designed to be flexible and context-specific. Individual sites were tasked with building out the program on their campus(es), which included hiring and training their peer supporters and acquiring/creating their on-campus spaces. Four of 5 pilot sites worked with a CMHA partner to plan implementation in ways that served their unique communities and contexts.

Each of these steps were examined in the evaluation conducted by Taylor Newberry Consulting).

2. Evaluation Approach, Design, and Methods

TNC designed a developmental evaluation of the creation and implementation of the CPS program to ensure that ongoing development and strategic directions of the project were informed by data. Developmental evaluation has been described as a road trip: "you have a destination, a planned route, but also a spirit of adventure and willingness to deviate when needed" (Norman, 2023). This metaphor is seen in the way each pilot site started out knowing that they wanted to bring the CPS program to the students at their institution; informed by strong training for conducting the actual peer support and a rough plan for what they needed logistically at their campuses; and then developed the details of the program as it suited their own contexts. Flexibility and innovation were key to sites' success. The evaluation followed each site closely as site leads completed their facilitator training and navigated their new roles,

found physical spaces from which to operate, and hired and trained their peer supporters. Most of the 2022-23 year (May through April) was spent setting up the program at the 5 sites, and as such, the evaluation focuses on the implementation and early rollout.

Evaluation Questions

While this evaluation was intentionally developmental and exploratory in nature, there was a variety of key questions that the national leadership group (CMHA National and Site Leaders) hoped the evaluation would be able to answer. These can be meaningfully divided into the three phases of the program: 1) Curriculum and Local Program Development; 2) Peer Supporter Recruitment, Training, and Hiring; and 3) Program Implementation and Delivery.

1. Evaluation Questions: Curriculum and Local Program Development

The front of the project asked questions about curriculum development and early stages of partnership development, program scoping, and planning. Key questions included:

- Do the site partners accept and endorse the curriculum as meeting the developmental goals of the initiative?
- What do campus community partnerships look like? What are the roles? What are the successes and challenges?
- How is facilitator training received by site leadership? Has it prepared them for peer supporter training?

2. Evaluation Questions: Peer Supporter Recruitment, Training, and Hiring

- Who is recruited to the peer supporter roles? What demographics and identities are represented?
- What models of training are chosen by sites and why?
- How is the training received by participants? What parts of the training did participants like most and like least, and what would they like to see adjusted or added?
- What differences were there in satisfaction with training based on the model chosen (intensive vs, multi-session, in-person vs. online) and/or based on training components (in-person vs. self-directed, training activity types, etc.)?
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- What are participants excited about, and what are they worried about?

3. Evaluation Questions: Program Implementation and Delivery

- Is the program delivered in ways that are consistent with the Peer Support principles of practice?
- How are principles of privacy and confidentiality promoted and upheld in the program?
- Are Peer Supporters gaining the ongoing knowledge, tools, and resources they need to keep growing in their role? How is the program ensuring this?

- What are the benefits experienced by peer supporters by being involved in the program?
- How are their own mental health needs addressed and supported? Do peer supporters feel supported in their role?
- Do students feel peer support is safe and comfortable to access?
- How is the program viewed by students using it? How is it used by students, and what are the reports regarding its impact?

Evaluation Tools

All data collection tools were detailed in an Evaluation Guide that was shared with all site leads via Bright Space. Where an individual site was responsible for collecting data, TNC supported with training and/or coaching (e.g., TNC provided focus group facilitation training to select leaders at each site). These tools are listed in Table 1.

Table 1 – Tools Used in the CPS Evaluation

Tool	Who was responsible for collecting this data?	Total *n* or sample size
Facilitator Training Survey	TNC	12
Program Tracking	Site leads	n/a
Peer Support Post-training Survey	TNC with reminders sent by site leads	34
Key Informant Interviews (with site leads, CMHA reps, Peer Supporters, external campus stakeholders)	TNC	27
Site Focus Groups	Peer Support Leader (nominated by site lead or self-selected)	5 groups (1 from each site)
National Focus Group	TNC	1 group with representation from all 5 sites
Survey of Supported Students	Site leads and peer supporters	27 (across 3 sites so far)

The Survey of Supported Students is included in this table although its application will be more relevant to the upcoming year (2023-24) as most sites have only just begun to see students access their service. Some sites (UBC, UNB, UPEI) co-developed this tool with TNC so that it best captured the language and nuances in service at their particular site. TNC worked with each site to determine the most effective, and least intrusive, way of collecting impact data from students who have accessed the CPS program. These are the various dissemination methods the sites opted to use:

- Print posters with a QR code and post in drop-in space/office
- Add note cards with survey information to "kits" that students are encouraged to take when visiting the space
- Email survey request monthly or semesterly to the list of students who have accessed peer support (for site where emails are collected)
- Where appropriate (based on peer supporter's judgement), ask students to complete the feedback survey after a peer support meeting

3. Evaluation Findings

The evaluation findings are organized into chronological categories, including: feedback from implementation teams on the set-up process; training feedback; strategies and lessons from making a space (or not) for the CPS program; description of service modalities developed at each site; review of early program uptake; and an early assessment of how the program has been integrated into the continuum of campus mental health supports.

Early Program Set Up by Implementation Teams

Implementation Teams were made up of different campus and local CMHA roles at each site. Some had campus counsellors or managers of counselling departments on their teams, and usually an additional staff person in a leadership role. All but UBC had a partnership with a local CMHA. These partnerships were expressed and utilized in different ways. For example, the CMHA partner at MHC was mostly involved in the early set-up and training phase, while CMHA PEI had one of their own peer supporters present on campus most days to provide active support to the campus peer supporters. Table 2 shows the makeup of the various implementation teams.

Table 2 – Implementation Team Roles at 5 Campuses

Site	Campus Representatives	CMHA Representatives
Medicine Hat College	Program Facilitator Manager of Mental Health and Counselling and CPS	CMHA Partner from CMHA MH

	Program Manager (overseeing Program Facilitator)	
Trent University	Program Coordinator Student Leader	Manager of Peer Initiatives and Employment Supports Trans Peer Outreach Worker
University of British Columbia	Program Manager Program Coordinator Student Leaders (x2)	N/A
University of New Brunswick	Mental Health Strategist and CPS program lead; Director of Counselling Services (overseeing program lead)	Peer Support Consultant at CMHA New Brunswick (x2)
University of Prince Edward Island	Senior Counsellor and CPS Program Manager	CMHA Provincial Peer Support Manager (program partner) CMHA peer support worker as CPS Leader (on-site)

Within the implementation teams, some sites felt that communication and/or roles of the members were not clear; for example, some teams lacked clear direction for who was to deliver training, who should support peers after training, who leads community of practice, etc., and this became a barrier in early implementation.

> *"Essentially we thought that CMHA [should] facilitate because we have experience with peer support. Also, the [campus] team is all counsellors and we don't want counselling to be mixed up with peer support, right? We wanna make sure that the role is you know, vastly differentiated."*

The sites that felt this way had two commonalities: they were developing the peer support program from scratch for this pilot, and they had newly developed partnerships with local CMHAs. Some of the role clarity challenges appear to have been due to interpersonal differences in values, goals, or priorities for the program. A formal MOU between local CMHAs and campus partners may have helped to clarify roles from the beginning of the process, and thereby help the teams to function cohesively and effectively.

"The biggest barrier I found… was some of the clarification around role and expectations for all of the parties and a bit of communication challenges. But I'm also willing to say that that could also just be… individual communication style that could also have been at play a little bit as well."

Trent, by way of contrast, already had a functioning program along with a strong campus-community partnership with CMHA-HKPR. This made the program start up much smoother and easy to manage. The program coordinator suspected that establishing partnerships while simultaneously preparing for program rollout would otherwise be challenging:

"It was very easy. [For others] *I think having some prompts or structured ways to start would help, because if I didn't have a background working in non-profits and if I didn't have pre-existing relationships in my community, I can imagine that it would have been maybe a more challenging start in terms of how to build that relationship. What is the relationship supposed to be? What are some ideas? So I think that could be really helpful as well."*

UBC, which did not have a CMHA partnership, received support from CMHA National to support the rollout. The fact of having an established program already running allowed for a focus on training. While a new partnership would require additional time for a collaborative effort, UBC felt they could have benefited from local assistance and is interested in building stronger future partnerships with community-based providers.

It is important to note that roles cannot be handed down from CMHA National or from a funder without accounting for nuances in the site and the members of the implementation team. The program is designed to build on the unique strengths of individuals and teams at each campus, and thus, communication and guidance may be more important to set up a strong implementation team than creating rigid, universal roles.

"There was a couple of things with the communication, but on the whole I kind of understood what was required… We… had the information for the job description. We were able to have our, any questions answered in terms of you know, what was required of the peer supporters, what was required of us, what was required of the role. But there was also that kind of flexibility…"

Despite some challenges in role clarity and communication within some implementation teams, facilitators of the peer support training generally felt that their training prepared them well to deliver the training and to continue to support peer supporters after the training.

Facilitation Training Feedback

Campuses began the set-up of their CPS programs with facilitation training (led by CMHA National), where designated members of the implementation team prepared to train the peer

supporters. The Facilitator Training Survey gathered feedback on the facilitator training experience, including what was most helpful:

- The section on **values and strengths of peer support** - this was a fundamental and critical piece to explore with the peer supporters
- Participating in the **small group activities** to think about and explore how to facilitate them with the peer supporters; break-out rooms for discussing and working through scenarios they would be bringing to the peer supporter training
- **High-level overview of contents/presentation** of slide deck and modules; receiving the facilitator guide and slide deck for delivering peer support training
- **Brightspace orientation** was helpful to learn how to navigate the learning hub

The evaluation also gathered facilitator recommendations for improving the facilitator training:

- **More practice role-playing/working through the modules** as if they were being delivered to student peers; generally more time spent exploring the content
- The **questions and engagement prompts** for the peer support training could have better supported the training itself
- **Remove time pressure to complete peer support training** so that facilitator training does not have to be rushed
- **Clearer description of the roles between CMHA and the Universities** (e.g., who is to deliver training, who supports peers after training, who leads community of practice, etc.)
- **Hold separate, smaller training for LMS (Brightspace) orientation** with depth of orientation catered to site needs; some planned to use it *less* than others and therefore did not require the same amount of training time devoted to it. Some would have liked to have *more* support and direction for setting up the program on the LMS.

The peer support training delivered across sites was intended to be flexible and adapted to sites' unique contexts. As such, facilitators were expected to personalize the training. The facilitator training survey gathered feedback on some of the ways they planned to do this:

- Adding in **more activities** to keep people engaged
- **Localizing referral protocols and resources** (these adaptations will be ongoing to reflect new resources available on campus, in the community, through the local CMHA, and the province)
- **Clarifying roles and role transparency** so peer supporters would know who to reach out to for support with different issues and challenges
- Provide **responsive ongoing training / professional development** based on peer supporter requests
- Make self-directed learning **activities mandatory** for peer supporters to improve completion rates
- **Develop a syllabus** for the peer support training
- Adapt peer supporter training for **virtual delivery**

- Include an additional 6th **module around substance use health and process addictions** (for UBC whose peer support focus was on substance use health and addictions)
- Add more comprehensive **suicide awareness training**

Hiring and Training the Peer Supporters

Sites each hired between 5 and 8 peer supporters. At UPEI, training functioned as a working interview, providing an opportunity to assess readiness for a peer supporter position (6 of the 9 trainees were hired). Recruiting peer supporters was relatively easy (as noted by MHC), likely due to the position being paid. At UBC and Trent, peer support was already being provided, and the funding associated with the CPS pilot allowed their peer supporters to receive additional training and to be compensated for their time, experience, and skills.

The diversity of peer supporters' identities ranged across sites. Peer supporters spanned all academic years, but were mostly in arts- and social science-based disciplines. Their ages ranged from 19 to 38 (average=22), and they represented various racial/ethnic backgrounds (53% of peer supporters were of non-white heritage). **Most peer supporters identified as cisgender females**, although gender identity was more diverse at campuses that offered trans peer support (UNB and Trent). Ten peer supporters (31%) identified as members of the LGBTQ2S community (and one did not disclose).

GENDER DISTRIBUTION OF PEER SUPPORTERS
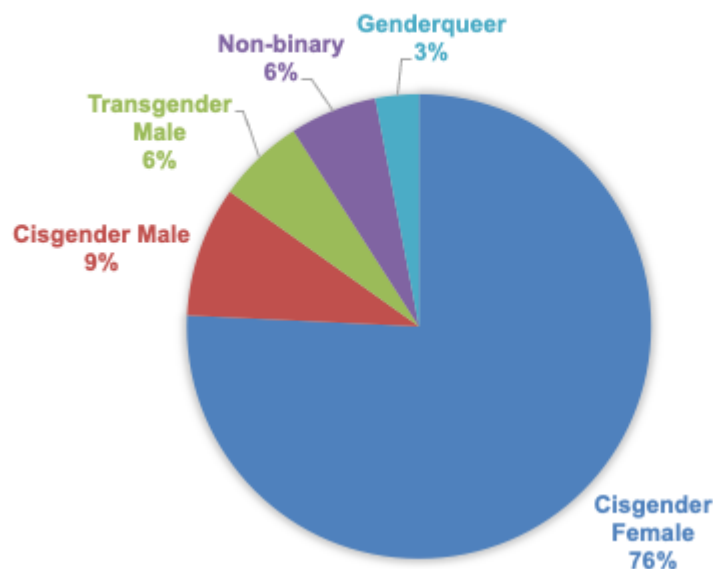
Peer supporters with diverse backgrounds and identities are important in the campus peer support context. There is research evidence that equity-deserving and marginalized groups use peer support more than their dominant group counterparts (Mary Christie Institute, 2022; Meyer,

2003; Ozer, 2015; Suresh et al., 2021), and a peer supporter that shares not only a mental health-related lived/living experience, but also a cultural or identity-related experience, is likely to be more relatable for students seeking support. Advertising peer support positions in spaces where members of equity-deserving or marginalized groups are likely to notice may help to increase the cultures, ethnicities, and other identities of peer supporters on campuses.

Feedback on Peer Support Training

Peer support training was conducted in either a standard format (five sessions over the course of several weeks) or an intensive format (delivered over a single weekend). The intensive training was also adaptable to virtual delivery; UNB opted for the virtual delivery so they could train peer supporters across both of their campuses at the same time without asking peer supporters to travel. Intensive training tended to be chosen only when the site felt limited in the amount of time they had to implement the program. For those sites that conducted the intensive training, feedback from peer supporters and facilitators suggested that it was too limited and "surface level," and they would have preferred to have had time to conduct the longer, standard training. UNB facilitators and peer supporters also tended to feel that in-person training would have been more valuable than virtual. For those who completed the standard training, however, they found it challenging to arrange the training to accommodate everyone's schedules.

Peer supporters provided their feedback on the training through a Peer Support Training Survey, interviews, and focus groups. The survey contained 5-point scales for participants to rate their confidence in a range of training areas, including the principles of peer support, creating safe/welcoming environments, supporting people in crisis, communication, trust-building, attentive listening, and self-care. With one exception, average scale ratings were above 4 out of 5, demonstrating that training participants' confidence increased "a little" (4/5) or "a lot" (5/5). The exception was a rating of 3.8 out of 5 at two of the sites for increasing confidence in using language that is inclusive and welcoming of diversity. Related to this scale item, open-ended survey data showed that several peer supporters would have liked to see more cultural awareness embedded in their training. Overall, though, the training appears to have greatly improved peer supporter confidence across many factors.

The survey also assessed the value peer supporters felt that the Brightspace LMS brought to their training. Most peer supporters (n=16) said that they used Brightspace occasionally, and qualitative data elucidated that this was generally only during training, not after. Many other peer supporters (n=10) said that they've either never logged on, or have logged on but never used it. Only 3 peer supporters said they use Bright Space regularly; note that this data was collected right after training, so those who used it regularly during training may not have used it after (in line with interview and focus group feedback on the LMS). As a costly resource, Brightspace LMS may not be useful beyond training. It is possible that moving forward, individual campuses can host training resources on their own institutional LMS, particularly if campuses are to begin running the program independently of CMHA National.

The Peer Support Training Survey asked peer supporters to share, in their own words, what they found most helpful or valuable in the training, as well as what was missing from their training. In most cases, this qualitative feedback is relevant to a site's unique training (facilitators made context-specific adaptations to their implementation of the training), and as such, is explored in more depth in the individual site reports.[1] Some of the more **general aspects of training that peer supporters found helpful** include:

- Group activities and other opportunities for practice, reflection, discussion, and rapport building
- Facilitators were effective, warm, and friendly
- Training helped clarify the purpose, roles, values, and boundaries of peer support work

Some suggested **general improvements to the training** include:

- More content on boundary setting and guidance around managing the limits of confidentiality at a small campus
- More practical examples, accurate scenarios and situations to practice (e.g., specific language to use when someone is in crisis), and/or live shadowing opportunities
- Assignments felt overwhelming; students already busy with assignments for school

Overall, peer supporters seemed to gain a lot from the training, both in preparing them to provide peer support and in their lives, personally. For example:

"For me, I think it's been good, especially the active listening part. I've started to notice that I'm, without even realizing, applying it in my day-to-day life, which is one of the things that's been the most valuable for me. It's becoming like a way of living rather than just within the space." - Peer Supporter

"All the skills that we learned are being applied to all different parts of my life. It's like much more natural than it could have been if I hadn't done any training on it or was kind of working through it myself." - Peer Supporter

"I didn't even know what active listening was, I didn't even know that was a thing. Practicing skills like that that were new to me and not something that I guess everybody always thinks about when they're like trying to support someone. That was very interesting, it was beneficial to have, and I use that a lot now."

"[The training included…] h*ow you take care of yourself and stuff like that. Noticing your own strengths and weaknesses, like little things like that. Doing this job, sometimes you can like lose track of things like that and how to keep your own head space positive and calm and in the right space to help others. That was really helpful."*

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[1] Individual site reports were submitted to site representatives and are on file with CMHA National. These are important complementary evaluation documents that provide much more site-specific depth that could not be easily presented in this summary report.

The peer supporters tended to feel good about their roles: "*I am surprised at how much I love this role. It has been such a rewarding experience…*" (Peer Supporter). Likewise, across-the-board facilitators saw their roster of peer supporters as one of their program's greatest strengths:

> "*The students who are working with us in the program are really capable and excellent people, so we're really glad to have them as part of that. So I'd say that's maybe the biggest success.*" -UNB Facilitator

Setting Up a Peer Support Space

Importance of Atmosphere

One of the topics peer supporters shared most about was the set-up of their peer support space. Most sites made it clear that the atmosphere they set in their space was key to the successful uptake of their program. A welcoming, comfortable environment not only brings people in but also encourages them to stay in the space for longer, allowing for rapport building and ultimately helping students feel comfortable speaking openly with peer supporters. Some of the most popular ways that campuses set the atmosphere in their space were providing food, having comfortable seating, and having quiet entertainment for people to busy themselves with, such as art and craft supplies. The following paragraphs describe the setting and atmosphere of each CPS space in the pilot.

At UBC, students who access peer support from the Student Recovery Community are called "members." Members have key card access to the space to come and go whenever they want. There is a TV in the space which they use to bring people together: the program has hosted a "reality tv watching event" and broadcast the world cup. The casual atmosphere is denoted from peer support time by hitting a chime when it's meeting time, and hitting it again when the meeting is over. This chime "sets the mood" in the room. The UBC team has had great success with their space, but they do feel they're out-growing the space as the program grows and are in need of a more accessible space.

At MHC, the program uses borrowed spaces on an as-needed basis, and therefore the spaces cannot be customized. However, peer supporters do bring in snacks, juice boxes, colouring books, and "busy bags" when hosting a drop-in space.

At UPEI, the CPS team hasn't made changes to the space out of respect for the space belonging to the Indigenous Students Centre. Peer supporters have brought in snacks and plants, and have put up a planner board. They have an open dialogue with the coordinator of the space to ensure their changes align with the values of the Centre.

At UNB Fredericton campus, there is a drop-in space that serves as a waiting area for appointments. This space has been made "as homey as possible" with plants, a whiteboard for students to work through their thoughts, or to casually write or doodle on. There are also stickers given out in the space that contain positive statements and affirmations.

At Trent, both the drop-in space and one-on-one space at Trent are described as "cozy" and "comfy." Snacks are always provided, and there is a comfortable sofa that students commonly nap on. Student artwork adorns the walls, and there is a wishing board on which students can pin their feelings to. Peer supporters often reset the space (e.g., move furniture) so it stays fresh and interesting. They have found that changing the layout has been a conversation starter among those accessing the space. There is a large window in the space, so even though it is a small space, it feels open. The Peer Support phrases and confidentiality statement are posted out in the open. There is also an iPad that is dedicated to the program - peer supporters use it to check emails and book appointments, but anyone can also use it to play music in the space. The goal of peer supporters and facilitators was to make the space as "homey" as possible. Comfort was key in its design.

In sum, providing a "risk-free" drop-in space is an essential component to facilitating the engagement of students. Students should be able to attend a peer support space without feeling required to engage in direct peer support, individually or in groups. A drop-in model **gives students an opportunity to get to know the space and build some familiarity with the social environment**, **eventually leading to support-focused conversations at whatever pace feels helpful**. In time, this growing comfort level can lead to requests for one-to-one support. This model is distinct from an appointment-based one-to-one model, which requires at the outset an explicit decision to seek mental health support – the sort of help-seeking behaviour that is uncommon to many students. When there are multiple reasons to attend a peer support space, with multiple things to do and engage with, students who are shy, uncertain, embarrassed, or otherwise not ready to share are provided with much-needed "cover". In time, **the safety of the space encourages conversations and help-seeking behaviour**.

Another lesson we learned from Trent was that **having a volunteer who does not provide peer support but otherwise runs the space**, and makes it welcoming and comfortable, was very useful to the peer support staff. It provided backup in managing the drop-in space when attention needed to be given to individuals (e.g., moving to a private room with a student who needs support) as well as a person to debrief with as needed.

Importance of Location

The evaluation found that *where* the program is housed can be very important to promote access to the space while also ensuring the comfort of peer supporters and students. This finding applies to the physical location of the space (e.g., campus-central, building with high foot traffic), and to what group or department "owns" the program (e.g., counselling departments or wellness centres). For example, CPS UPEI was welcomed into the Mawi'omi Centre

(Indigenous Student Centre). This partnership required thoughtful relationship building so as not to bring colonialist processes or approaches into an Indigenous space, and the CPS team is grateful for the welcoming they received. However, the location within the Mawi'omi Centre is not without its challenges.

The main challenge that peer supporters identified with the space is that it is on the 5th floor of the Student Services building, which, along with being the home of the Mawi'omi Centre, is well known on campus as the location for counsellors and therapists. On a small campus like UPEI, getting off the elevator at the 5th floor is like broadcasting that you are seeking help, and "there's a stigma attached to that." Peer supporters felt it would be preferable to be in a space that is disconnected from formal mental health services.

In contrast, Trent moved out of Counselling/Wellness services to the Student Centre in part to preserve a degree of independence and some clarity to others that "peer support isn't counselling". Their new home, in the Student Centre, granted them higher visibility on campus because it is a high-traffic area on campus. This disconnection from formal services, and the creation of casual and welcoming (i.e., destigmatizing) space, appears linked to higher student engagement.

UBC's Student Recovery Community recently moved its program under the service umbrella Health and Wellness services, to promote integration and referral practices. The location of the space, however, is not generally advertised to help protect the confidentiality of students in recovery. This approach, in a different way, has helped ensure the space is comfortable and safe for students in recovery from substance use and addictions.

The UNB Fredericton peer support space is housed within the Counselling Services, both in terms of program "ownership" and physical location. Peer supporters and facilitators at UNB feel the relationship has been beneficial to the program, providing a dedicated physical space to run the program, use of a shared booking system and waiting room, and easy access to informal support from counsellors for peer supporters whenever needed. The relationship between peer support and clinical counselling can be complex. It is likely that interpersonal relationships, trust, and respect for the values of peer support determine the success of housing a peer support program within a counselling department.

In summary, the location of a peer support space must find an ideal middle ground between a space that feels private and confidential, and a space that is central and visible enough for passers-by to become aware of its presence on campus. One of the peer-supporter identified drawbacks to the UPEI CPS space in the Mawi'omi Centre is that it does not feel private because it is within a shared space that can be accessed by students *not* seeking peer support. The UBC CPS team similarly highlighted the importance of privacy, and have made their space *confidential* so that only those who reach out for support will be given the location. However, the team at UPEI also wondered if being *visible* on campus would help spread awareness of their service and increase student uptake of the program. Trent's approach was to strategically place the peer support space so that it would be noticed. However, the casualness of the drop-in

space means that using it does not signify anything in particular – it can *just* be a place to hang out and meet others if that's what a student wants. Meanwhile, using one-to-one peer support can easily happen within this environment with full confidentiality.

The Creative Alternatives

Some campuses were not able to secure a space for their CPS program. "Space" is a limited resource on many post-secondary campuses, potentially more so on smaller campuses. Medicine Hat Campus and the University of New Brunswick's Saint John campus both adapted creatively to a lack of dedicated space. After searching for a space with no success, MHC decided offer mobile peer support. This strategy involves collaborating with other groups and with events on campus to bring drop-in hours to where students are in need. Often this is a shared space that the CPS program has regular access to, such as the Student Association offices.

Another way the peer supporters at MHC make themselves accessible is by setting up outside classrooms during exam times to talk about exam stress management. They make themselves approachable by making popcorn on-site and handing it out to students. The MHC peer supporters expressed that, ultimately, "*all that matters at the end of the day is to make people feel comfortable* (Peer Supporter)." The team is thinking outside the box to bring comfort to students wherever they are.

At Saint John campus, the peer supporters formalized a procedure to book appointments and then look for a study space or other room on campus that was available for booking at the time of the appointment. While this model does not allow for drop-ins, it has been effective for the team at Saint John to begin offering peer support.

Program Roll-out

Service Modalities

Some pilot sites offered drop-in service as well as one-to-one appointments, others only booked appointments. Some booked one-on-one appointments in advance, others directed drop-in visitors to a private room for one-on-one support if they requested it. Some offered formal support groups, and others offered casual, informal support groups that started naturally in the drop-in space. Service modalities by site are shown in Table 3.

Table 3 – Service Modalities at 5 Campuses

Site	Service Modality
MHC	Drop-in
UBC	Drop-in, groups, 1:1 appointments, online supports
UNB Fredericton	Drop-in and 1:1 appointments
UNB Saint John	1:1 appointments
UPEI	Drop-in and 1:1 appointments
Trent	Drop-in space, 1:1 support space, group supports (trans peer support)

Even when two sites offered the same service modality, the way they delivered it was in some ways unique.

Trent provides a drop-in space and group discussions naturalistically happen with peer supporters in the space. Students can also ask to talk one-on-one in a private room. A group focused on trans peer support is also offered.

UBC offers a drop-in space as well as a number of formal peer support groups (All Recovery, Women and Gender Diverse, Marijuana, Disordered Eating), as well as one-on-one support by appointment and online meetings.

UPEI offers a drop-in space moving those interested in one-on-one support to a private, adjoining room, but peer supporters at this site have so far found that their students are more comfortable with the casual, group-like setting of the drop-in, and have not yet opted to use one-on-one support. Based on the experience of Trent, this may evolve naturally.

MHC offers drop-ins at various locations around campus, sometimes set up like pop-up support where there is likely to be heavy foot traffic (such as the hallways outside of exam rooms during exam season).

UNB Saint John offers one-on-one appointments in various locations, booking appointments in advance and then booking a room for the appointment, whereas **UNB Fredericton** uses the Counselling Services booking system to navigate students through a central website to automatically set up appointments with peer supporters within the dedicated space in the counselling offices. Fredericton campus also has an option for drop-ins, also within the counselling space.

Each pilot site developed a slightly different service modality to best accommodate the needs arising at their unique campus. This flexible approach has enabled the evaluation to collect many learnings around what a CPS program can look like and resulted in the understanding

there is no single "best practice" modality. The best practice service modality is the one that best meets the needs of students at a particular campus. That said, it seems that providing an accessible space that emphasizes social engagement, fun, comfort, and safety can in turn lead to more direct help-seeking behaviour.

Building Awareness and Reputation of the Program

At campuses starting new programs from scratch, peer supporters found the slow uptake of their services discouraging after having invested so much time into training and availability for peer support hours. While all sites began to see their number of interactions climb as the year progressed, peer supporters and facilitators alike suggested that it would have been helpful to have received more support and advice from CMHA National about what to expect in terms of early numbers and how to promote the service effectively (including ready-made promotional materials).

Despite the early challenges that new peer support programs experienced in building awareness of their programs and getting students through the door, all sites exhibited creativity and dedication to promoting their programs. The following list summarises the promotional activities used across the sites:

- Present on CPS program in classes
- Connect with potential referrers (faculty were identified as a valuable source of word-of-mouth promotion)
- Put up posters in shared campus spaces (e.g., Chaplain Centre, Student Union, coffee shops) and through campus social media channels
- Post hours and information about the service on the program's social media (e.g., UBC posts Instagram stories daily)
- Post information about stress, distress, and crisis, along with campus services, on lecterns of all campus classrooms so instructors have a quick reference to direct students.
- Word of mouth
- Offer free food, coffee, personal care items, and a welcoming, comfortable atmosphere to draw people into the space (see Importance of Atmosphere section for more on this idea)
- Send updates about the space and peer support hours through email list
- Coffee Bike: Peer supporters bike around campus handing out coffee/hot chocolate to spread the word about the program
- Distribute a pamphlet about the service
- Develop creative meeting themes such as crochet and yoga, as well as mental health themes like "stress relief week"
- Peer supporters wear identifying t-shirts and name tags and can connect with students at events
- Host a mobile promotion booth with peer support sign up, again offer food to draw people in, and hand out fliers and a card with appointment booking information

It was also suggested that promotion and advertisement could constitute one (paid) team member's entire role. Facilitators and peer supporters reported that they contribute a large amount of work to planning and implementing promotion to ensure successful program uptake. Consequently, at UBC, where the program and space were already up and running, the funding provided through the project led to a greater capacity to promote and deliver the program. Regardless of what team members or roles end up promoting the program in the future, the above list of promotion ideas is a good place to start for new campuses interested in developing peer support programs.

Hours Worked and Students Served by Peer Supporters

Peer support service hours began at different points in the year for different campuses based on how much time was needed for early program set-up. For UPEI and MH, training made up most of the hours reported[2] until January, when peer support began to be offered.

The *PS Hours Worked by Month* graph (see below) shows typical distributions of hours worked for a campus peer support program, with fairly regular hours each month between September and March and a decrease in December when campuses close for winter break. Most campuses will be closing their peer support program over the summer, but some may opt to keep it open with slightly reduced hours.

PS Hours Worked by Month

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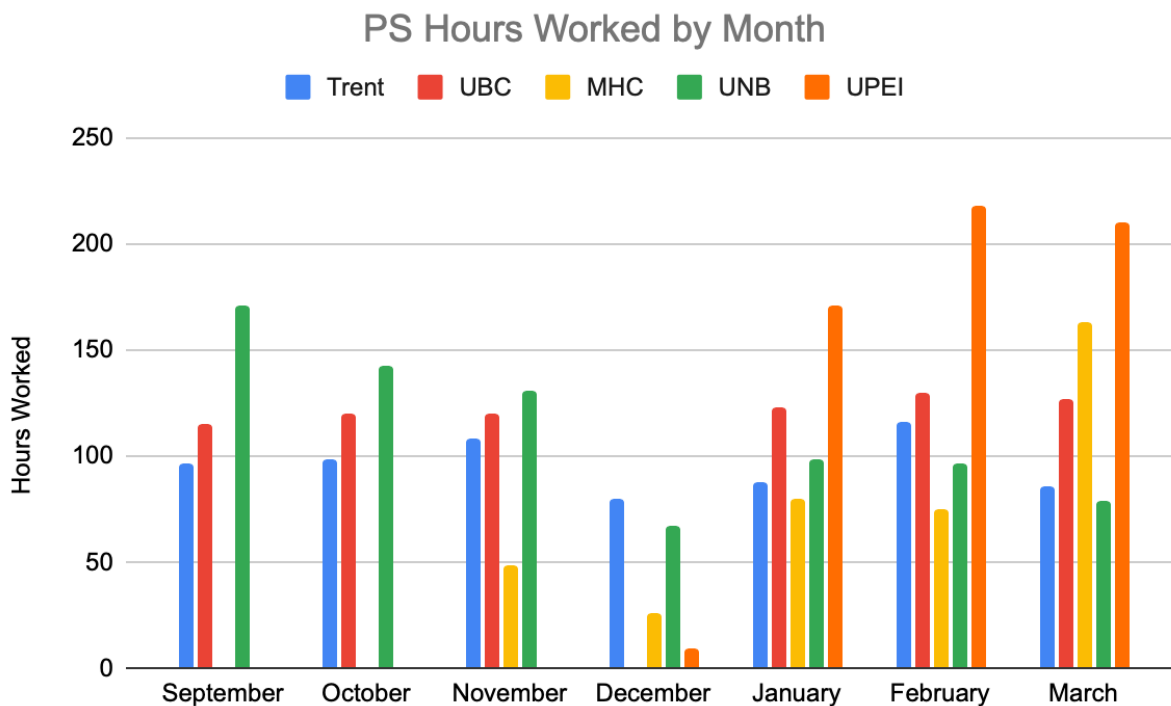
[2] Evaluation-related tasks such as participating in interviews and completing surveys took a few hours per peer supporter, but the amounts are negligible when looking at overall hours.

The number of peer support interactions was reported differently across campuses due to the varied nature of what constituted an "interaction." For example, at MHC, peer supporters had peer support interactions with hallways filled with students outside exam rooms, but there was no reasonable way to count the number of students who received support from them at these pop-up outreach sessions. Other differences include casual "group" support sessions that occurred within regular drop-in hours at campuses like UPEI, versus formal support groups at campuses like UBC. Table 4 provides an overview of the peer support interactions over the academic year for each campus, with a description of what was counted as an interaction. Also, each site report contains a graph and brief description of the number of peer support interactions month-by-month for that campus.

Table 4 – Total "Interactions" of Peer Support Workers at 5 Campuses

Site	Total # of PS Interactions (Sept 2022 - Mar 2023)	What Was Counted
MHC	135	Mobile pop-up sessions and drop-in sessions in a booked space; # of students who were supported by these sessions was not tracked.
UBC	1291	# of students served in drop-ins, groups, and one-on-one.
UNB	42	# of students served in drop-ins and scheduled appointments.
UPEI	38	# of students served in drop-ins
Trent	436	# of students served in drop-ins and groups (# of students interacted with at tabling at events were not tracked)

Early Feedback from Supported Students

Once the CPS program was set up and peer supporters at each campus started seeing students, TNC worked with each site to develop a brief survey of supported students to better understand the barriers students commonly faced to accessing mental health support, and to gather feedback on the helpfulness of the peer support experience. All sites asked students essentially the same set of questions, but some opted to change the wording to be as relevant as possible to their campus context (e.g., UBC changed "peer support" to "recovery community").

TNC also worked with sites to determine how best to distribute the survey. The sensitive nature of some peer support interactions means that it will not always be appropriate to ask a student to complete a feedback survey; peer supporters were given full control over when to mention the feedback survey and when to not, relying on their instincts and understanding of the
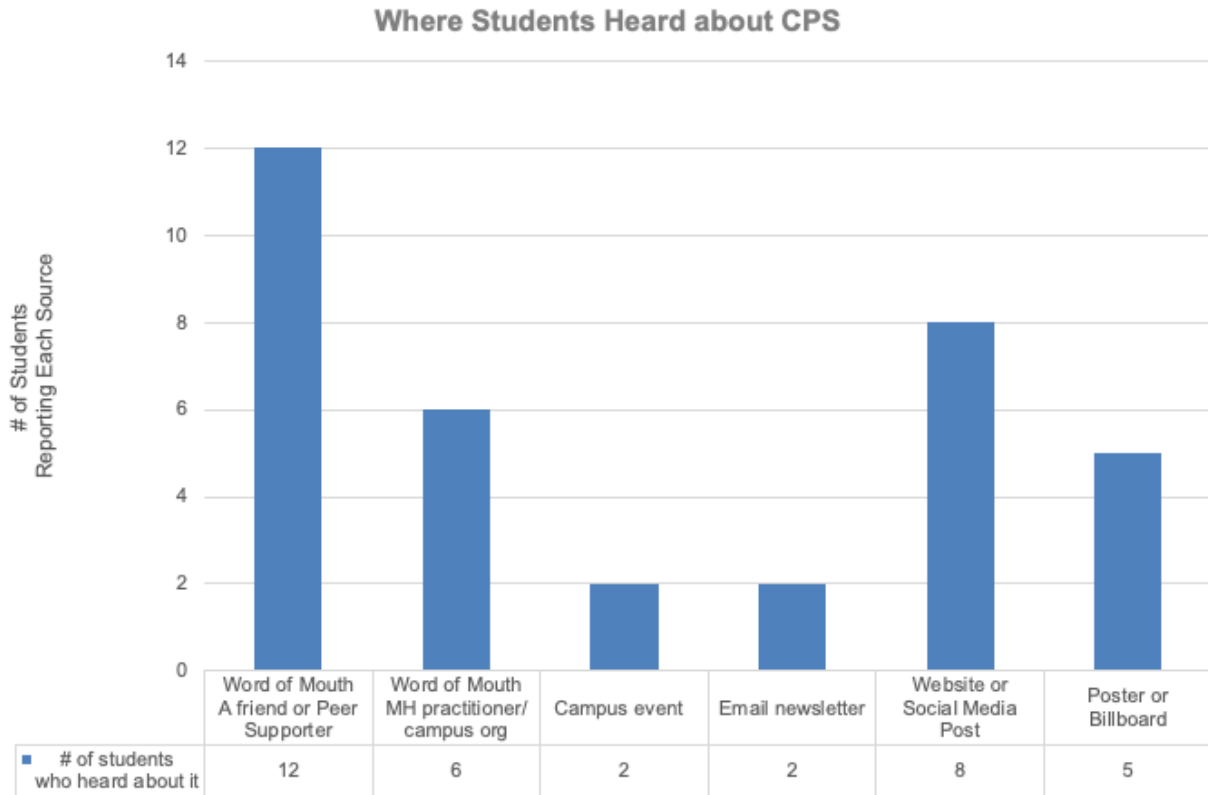
students' readiness to give feedback. The survey was disseminated in as unintrusive a way as possible. Some sites opted to share the QR code and description of the survey in the form of a note card or printout, and some sites put up posters with the same information. Other sites emailed out the survey link to students who had received support (although not all sites collected student emails). Only when peer supporters felt it was appropriate would they mention the survey to students they were supporting.

The survey of supported students was launched as early as January at one site, though the other sites launched in February or March; thus, the sample size from these surveys is still small. By the end of the Winter 2023 semester, the evaluation had gathered 35 survey responses (6 from MHC, 10 from Trent, 13 from UBC, 4 from UNB, 2 from UPEI).[3] The findings from the present sample - across all sites - are presented below.

To assist with promoting the survey, students were asked how they first heard about the peer support program at their campus. Most heard about it through word of mouth from a friend or from one of the peer supporters directly (34%), or from a campus mental health practitioner or group (17%), such as a nurse practitioner or counsellor. Mental health practitioners or related groups may not make formal "referrals" to peer support, but they play central roles in suggesting peer support to students they are serving. The next most common way students found out about the CPS program was through online posts (23%), including social media, a press release in the student newspaper, or on the university's website. Posters put up around campus brought in 14% of students, and campus events (e.g., Orientation) and direct emails through a listserv each brought in 6% of the students to their CPS programs.

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[3] Beyond the timeframe of the evaluation, TNC will transfer the surveys to sites for the ongoing collection of student feedback to inform program improvement.

Where Students Heard about CPS

|	Word of Mouth A friend or Peer Supporter	Word of Mouth MH practitioner/ campus org	Campus event	Email newsletter	Website or Social Media Post	Poster or Billboard
■ # of students who heard about it	12	6	2	2	8	5

Students also provided open-ended reasons for seeking out peer support. Reasons varied, but followed a common vein of wanting someone relatable to talk to; some examples include:

- *"Needed to talk to someone"*
- *"Wanted a break and needed some space to vent"*
- *"I was questioning my gender and wanted trans related support"*
- *"To be able to express my thoughts and perspective in order to reflect on my future"*
- *"I need people around me to recharge"*
- *"The university has insufficient recovery support systems"*
- *"[The university has] limited Eating Disorders resources"*
- *"I was struggling with addictive behaviour and didn't know who to turn to or who to speak to. Peer support from others who have experienced similar circumstances seemed like it would be a valuable option to try."*
- *"I was tired of doing it alone and wanted to find people with similar experiences to ease my mental burden."*
- *"...It has been hard to have unfiltered conversations without feeling restricted and I felt that peer support would give me that space."*
- *"I wanted to improve my life."*

The survey assessed student satisfaction with peer support through the question, "Did you find the Campus Peer Support helpful?" with a rating scale from (1) *not at all helpful* to (5) *extremely*

helpful. All students found the support helpful, with most reporting that it was very or extremely helpful. **This finding is a strong indicator of the value of peer support on campuses**.

Student-Rated Helpfulness of Peer Support
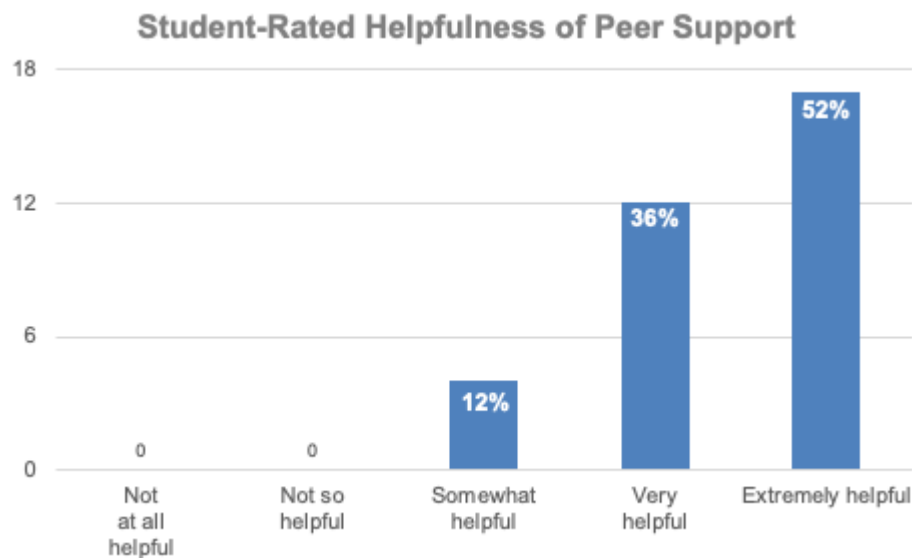
The data from the survey is intended for continuous program improvement. As such, students were asked to share what could have been done to make their peer support experience better. The general feedback was that there could be more activities and opportunities to engage (e.g., board games); the spaces could be bigger and more food provided; and more support hours available. Some students also suggested that the program offer free courses or workshops on ways to support one's own mental health and wellbeing, such as psychoeducation and goal setting. Of the 22 students who responded to this question, 7 (32%) responded that they would not change anything because the service was great already.

Positive feedback outweighed the critical feedback in the survey results. Students shared many comments that the peer supporters were friendly, welcoming, relatable, and that they felt understood and safe when receiving support or just spending time in the drop-in spaces:

> *"The* [Recovery] *community is welcoming, all-inclusive, diverse, compassionate, and builds solidarity between this suffering from intersections of oppression."*
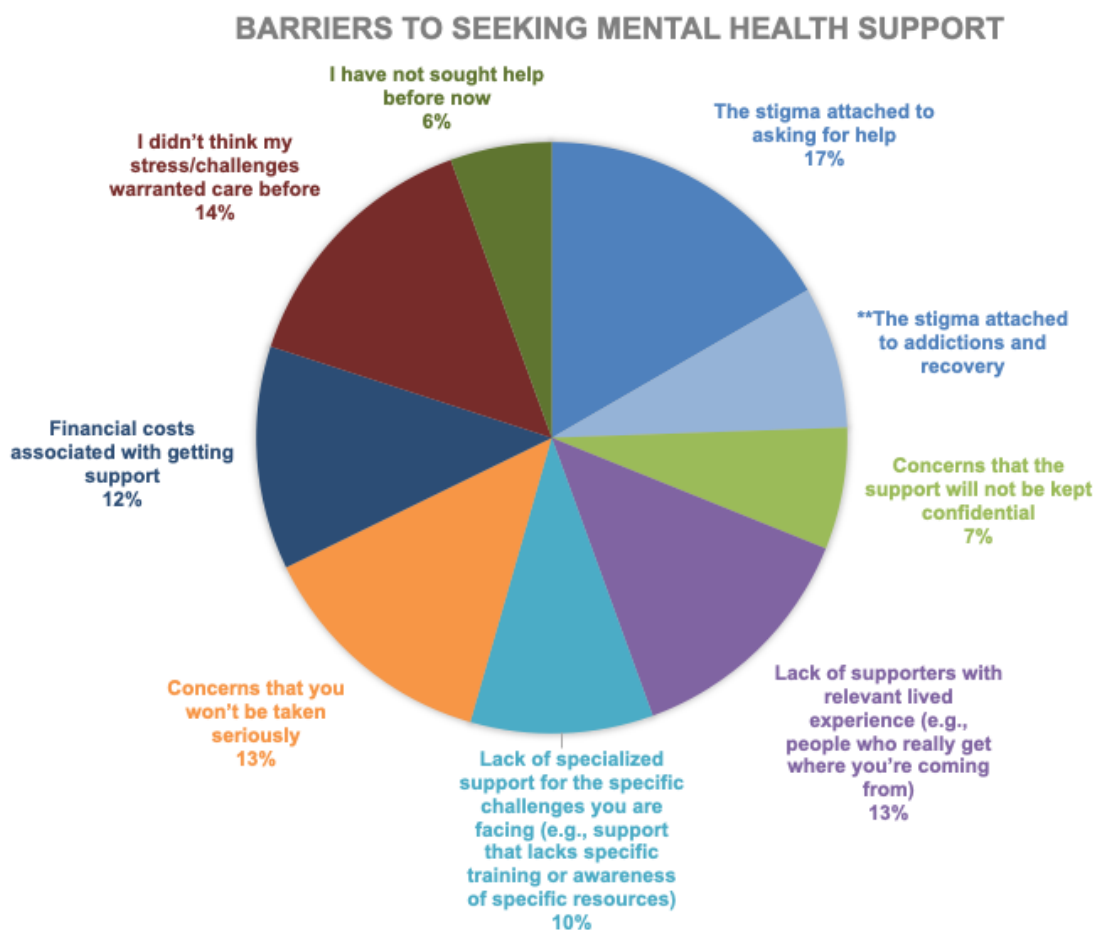
> *"Everyone is lovely. It's nice to have a dedicated space one can go where the psychological safety is high. It's nice to meet others on the same journey."*

> *"It felt very much like a safe space to talk about anything. I didn't feel judged for anything."*

> *"*[The peer supporter] *was amazing! She understood me… and made me feel like myself."*

Some students also mentioned that they appreciated the space, particularly that it was quiet and laid back, and that food was provided.

Another purpose of the Survey of Supported Students was to assess the common barriers students faced to seeking or accessing peer support or other forms of mental health support in general. The most commonly reported barrier was the stigma attached to asking for help[4]. Other commonly cited barriers were the belief that their stress/challenges did not warrant care, concerns that they would not be taken seriously, and a lack of supporters with relevant lived experience.

BARRIERS TO SEEKING MENTAL HEALTH SUPPORT

I have not sought help before now
6%

I didn't think my stress/challenges warranted care before
14%

The stigma attached to asking for help
17%

**The stigma attached to addictions and recovery

Concerns that the support will not be kept confidential
7%

Financial costs associated with getting support
12%

Lack of supporters with relevant lived experience (e.g., people who really get where you're coming from)
13%

Concerns that you won't be taken seriously
13%

Lack of specialized support for the specific challenges you are facing (e.g., support that lacks specific training or awareness of specific resources)
10%

Peer support models directly address these barriers, by emphasizing lived experience with addictions, destigmatization/normalization of addictions and help-seeking, and with no fee for service.

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4 **The stigma attached to addictions and recovery was a response option only listed in the UBC survey for people who have accessed their Student Recovery Community; 54% of that sample reported that this was a barrier.

Integration into Continuum of Campus Mental Health Supports

Three of the five pilot programs are too new after just a few months of implementation to have a thorough understanding of how their programs have been received across various campus stakeholders (e.g., health services leadership, other peer-based program staff, faculty, etc.). Despite the recency of program launches, peer supporters and management across sites have heard positive feedback about their program from those who are aware of it.

At MHC, staff within the Mental Health and Counselling department have been excited about the program and what it can offer to students seeking mental health support:

> *"I'm seeing the [peer supporters] as being… more of an integral part of our [Mental Health and Counselling] department, as time goes on."* (MHC Implementation Team Member)

Counsellors at UNB have shared with the implementation team that CPS is a service that could free up counsellors to focus on providing mental health services to those who need a clinical approach. UNB Fredericton is well suited for triage, which would make this possible thanks to their shared booking system. The Director of Counselling Services sees the program as fitting directly into the stepped care model and as a service complement rather than a service alternative.

> *"It is such a valuable program to add to our service delivery… I feel like one of the great successes is our ability to diversify the services that we offer as part of our office with the peer supporters being a nice complement to our primary service of counselling."* (Director of Counselling Services, UNB)

Peer supporters at UPEI and MHC, in particular, feel they are well situated to be a navigational resource for students and have been working to connect with the campus community to learn about options for navigating students to different supports (e.g., Chaplain). This navigation goes both ways as other services become aware of the CPS program and can refer students to peer support at their campus. At UPEI, for example, peer supporters commonly direct students to – or inform them of – accessibility services, counselling services, and community resources on Prince Edward Island, and CMHA PEI's peer support; so far, some students have been referred from the Health Centre. UPEI's team hopes to see more students sent to them from other services in the future.

At UBC, program leadership plans to focus on strengthening connections to other programs and student-led services; for example, "Rec Services" at UBC may be an important partner to collaborate with to further address eating disorders. The UBC program would also like to improve their connections to the external community, especially for those alumni that have left the campus and have a continued need for addictions related support.

For most sites, the past academic year has been a time for building connections with other services. Following this connection-making work, the reputation of the CPS program should develop and spread in the coming years, increasing program utilisation.

> "*Everyone is ready to see a lot more access of the peer supporters, but that's been the hardest part… trying to get students to connect with them. And just finding that reputation… and that understanding of what the peer support role is compared to counselling.*" (MHC Implementation Team Member)

Within already established programs, UBC's Health and Wellness Services view peer support as an important component of an integrated stepped care approach to health and wellbeing. The Student Recovery Community at UBC has recently made more formal connections to UBC's counselling and health and wellness services. More consistent referral practices are emerging – if students using health services identify problems with substance use or eating disorders, they will make referrals to the program.

Trent has enjoyed strong integration with other peer-based programs on campus, as they have all worked together to diversify their staff and ensure strong inter-program referrals. Their Peer Support program is also working closely with Counselling and other health services to explain their mandate and model and to promote referrals to their supports. Trent's program is also working with the leadership of the colleges to promote student access to peer support.

4. Recommendations

The following recommendations are based on qualitative (interview, focus group) data from peer supporters, implementation leads, and associated campus staff. Analysis of all qualitative data generated themes around areas for improvement.

Recommendations for Role Clarity on Implementation Teams

The teams that are put together to implement Campus Peer Support programs do not need to look the same across institutions – in fact, flexibility is key to meeting unique needs of different institutions and funding arrangements. However, there are some general recommendations that may help implementation teams, both existing teams as they undergo staffing changes in the future, and potential new teams at other institutions looking to bring Campus Peer Support to their campuses.

1. **Ensure that all members of the implementation team share a common understanding of the values of peer support.** Training by an expert voice, such as a local CMHA with an established peer support program, is essential in developing a shared understanding.

2. **A formal MOU between members of the implementation team could be helpful to clarify role expectations**, particularly when it includes representatives from different departments, clinical backgrounds, or institutions. MOUs can be co-written by all members of the implementation team following discussion about how they want the program to look and feel, how they intend to represent the values of peer support, and how they will manage administrative tasks such as hiring, training, and supporting peer supporters.

Recommendations for Trainings

There are two trainings involved in the set-up of the CPS program. The first is to train facilitators ("train-the-trainer"). Recommendations for improvements to this training were gathered in the evaluation of the pilot.

1. Future **facilitator training should focus on providing opportunities for interactive practice** of the modules that facilitators will be delivering to peer supporters (e.g., role-playing).

2. **The timeline for roll-out should account for expected delays** in organizing peer support training (e.g., hiring peer supporters, scheduling the training). **Allowing for ample time to prepare and to run standard (full-length) peer support training** will benefit the quality of the training.

Peer support training was also evaluated at the pilot sites, and recommendations have been developed based on those findings that can be applied generally, across sites or at new sites.

1. **Improve and increase the training content around cultural awareness / cultural sensitivity.** This type of content is important to equip peer supporters with the ability to create a truly safe, inclusive, and welcoming environment that is so integral for campus peer support.

2. **Improve and increase the training content around boundary setting and managing confidentiality** in situations where the peer supporter knows their peer outside of the peer support context. Examples that should be incorporated into training include what to do if a student seeking support is a friend of the peer supporter, and what to do if the peer supporter is a TA for a class the student is in (and other potential power differentials).

3. **Ensure programs have additional time for training debriefs with peer supporters to support self-care** and address any other challenges peers might be having as a result of the training.

4. Take note of training gaps or issues in the training that needed more time than was available and **develop refresher training or special topics training** at different points in the academic year.

5. The use of an LMS should be adaptable to the context and needs of each campus. **Transition the use of Brightspace LMS to institutionally managed LMS platforms, owned and operated by the implementation team at each site**. The use of a shared LMS across sites was necessary for the coordination of the pilot, but neither facilitators nor peer supporters were likely to continue to use the platform beyond training. Furthermore, adoption of the program by additional institutions beyond the pilot would be required to set up their own systems for training and resource sharing.

Recommendations for Peer Support Spaces

The space that peer support occupies on any campus reflects the importance, perceived or real, that an administration has placed on peer support and, by extension, student mental health and well-being in general. Of course, lack of resources to provide ideal space to a peer support program are common and often unavoidable, regardless of how prioritized student mental health is. Thus, the following recommendations are considerations to make in setting up a peer support space in both ideal and less-than-ideal conditions.

1. Ideally, a **peer support space should be visible and noticeable to passers-by.** Appointment-based models, especially those without other drop-in activities and those housed with other health services locations, may lead to students feeling stigmatized. Thus, a balance must be struck between visibility and the need for students to enter the office safely and inconspicuously. When co-located, **having a general check-in desk that manages many different services**, helps students feel less intimidated in seeking help.

2. **If a peer support space is in a more public, less service-oriented setting, such as a student centre, the space will be better utilized if it employs a casual drop-in format** – i.e., a place to make social connections, relax, play games, etc. "Hanging out" at student space like this, even if peer support for mental health challenges is accessible there, is less stigmatizing. This model for space seems ideal as it can be highly visible in places where students frequent, without announcing (literally or figuratively) "this is the place where people who have mental health concerns go".

3. A **peer support space should be comfortable** (e.g., comfortable furniture, a "homey" feel), **and should provide food** (and if possible, hygiene products and other personal supplies) for free. There should be other things to do other than seek support, which provides much-needed "cover" to students who are uncertain, shy, intimidated, or simply unfamiliar with peer support. The welcoming atmosphere that these (and other) factors create helps to bring people in the door who may otherwise face barriers to initiating their help-seeking.

4. **All spaces, regardless of model or arrangement, should ensure complete confidentiality and privacy of students in the space**. This has as much to do with training staff on such principles and how to enact/protect them; but how a space is arranged matters. There must be options for privacy in requesting and receiving help, including designated spaces for confidential conversations.

5. **Utilize creativity (of implementation teams and peer supporters) to design a service modality that works without a dedicated space**, either in the interim while looking for a space, when a dedicated space cannot be acquired, or in addition to having a dedicated space to expand the reach of the program. The report describes some creative alternatives that have been working for pilot sites, including a mobile service where peer supporters meet students where they are in need, and coordinating with other student groups to share space, dedicating certain hours of certain days to creating a private peer support space.

Recommendations for Rolling Out a CPS Program

The evaluation of 5 unique pilot sites resulted in the understanding that the "best practice" for a campus peer support program is whatever meets the unique needs of a particular campus community. Thus, service modalities can take many forms. Some recommendations to keep in mind when determining a service modality include:

1. A healthy, stable program composed of committed peer support workers is much more likely when they are formally paid as employees. **Peer support programs should pay fair wages to workers.**

2. There is natural turnover of campus peer support workers as students complete their studies. **Building formal opportunities for mentoring of junior students by senior students helps promote a consistent flow of new peer support workers to staff the program**.

3. **Recognize that uptake to a new program will be slow at first, and decisions about how well a service modality is working cannot be made instantly**. For example, if one-on-one appointments are not being booked, it could mean that students at that campus would be more receptive to a casual drop-in service, but it could also mean that students are not yet aware of how to book appointments, or that the service even exists.

4. **Welcoming, casual drop-in spaces with private one-on-one meeting rooms attached can be helpful to get students comfortable with the idea of asking for one-on-one support**. This model, with close proximity to a one-on-one space, enables a student to easily transition to one-on-one support without needing to book an appointment at a different time once they are already present in the space.

5. In drop-in spaces, **consider the use of volunteers (or other paid employees) to manage the space and the people in it so that peer support workers can focus more intently on providing peer support**. A "wing-person" can be a big help for peer support workers who find that the support work requires a great deal of their attention. They can also be a helpful supporter and debriefer for staff providing support. Finally, it can be a great position for students who are interested and perhaps on a path to providing support themselves.

6. **Promote and advertise the program heavily.** Some members of implementation teams suggested that promotion and advertising could make up one paid staff person's entire role when a new program is being set up. The report lists many of the creative promotional approaches taken by the pilot sites.

5. Conclusion

Over the past year, the implementation leads, CMHA partners, and most importantly, peer supporters at the five pilot sites, have shown their passion and dedication through their work to bring peer support to their campuses. The differences between pilot sites provided valuable evaluation learnings – learnings which we hope can inform the continuous improvement of CPS at the five pilot sites *and* the implementation of CPS at additional sites in the future.

This pilot has shown ways of navigating roles and relationships in programs housed within Counselling Departments and Wellness Centres, with and without local CMHA partners, and with and without dedicated physical spaces. The training, now tested with 5 different groups, has been validated as successful in its purpose (preparing facilitators to train peer supporters, and preparing peer supporters to provide support), and several minor additions or alterations have been suggested for future iterations of CPS training. The pilot also clarified what can be expected around roll-out timelines, and the efforts required to promote this kind of program. Over the course of the last 9 months from the time most sites had completed peer support training, peer support schedules can be seen normalizing, the number of support interactions is climbing, and early feedback from supported students is very positive.

Potential challenges on the horizon for sites involved in the pilot include staff shortages (due to maternity leaves) and the need for additional funding. Funding has been key to the success of the new programs but has also been critical for existing programs at UBC and Trent. Based on the evaluation findings, the program demonstrated a jump in capacity and reach with the training and resources provided by the pilot. The CPS program at all five pilot sites appears ready to grow if/when new resources can be secured. Similarly, new institutions looking to implement a CPS program can use what was learned in the pilot to structure their own programs for success.

In summary, peer support is a highly valued and much-needed service in the context of post-secondary student life. The need for such support is acute, as campuses most often do not

have the health and wellness resources to meet the need. Furthermore, students are less likely to seek help for their problems right at the time in their lives in which they are more likely to be vulnerable – living independently for the first time within a context of new social relationships and academic pressures that can cause significant stress and distress. Students are removed from their usual supports available at home, yet may not want to reach out for support. Peer support is informal, non-threatening, and destigmatizing in its approach, providing a much-needed pathway for students to get support.

This project showed how investment in peer support can carry important benefits for young people. Peer support is particularly well-matched to campus contexts, which are frequented by concentrated populations of young people. Developing peer support programs on campuses aligns strongly with prevention models, by accessing many potential youth, where they are at and at their early moments of struggle, and in ways that are often more accessible than, for example, booking a counselling appointment.

Much greater investment in peer support on post-secondary campuses and at local CMHAs is needed. Provincial and territorial governmental funding is clearly an important resource. National organizations, including CMHA National, can play also play a major role. With a training program already in place, there are opportunities to expand this agenda further and scale the project to other campuses. Local CMHAs could be equipped with the curriculum in the form of training packages that could be purchased by post-secondary institutions. Other national organizations working in the post-secondary space could be involved to promote this opportunity and need. For this to move forward, additional federal funding or other revenue sources are required.

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