



WHITE PAPER

Supporting Student Mental Health Through a Peer-to-peer Community: A Cornerstone of DEI

Diversity, Equity and Inclusion (DEI) plays a key role in addressing mental health challenges.

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Abstract

Higher education cannot adequately address the challenges posed by the overwhelming increase in demand for student mental health services without giving proper attention to Diversity, Equity and Inclusion (DEI). There is clear evidence that the challenges of loneliness and isolation are at the forefront of this issue, and these challenges are magnified for students from marginalized or underrepresented groups. Inclusive and accessible mental health support must be more readily available. Online peer-to-peer support reduces social and systemic barriers to help-seeking. It empowers underrepresented students to get the help they need by leveraging the power of an online, clinically monitored community.



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Introduction

The 21st century has witnessed a steady increase in demand for effective and inclusive mental health support for students, which has left many colleges and universities struggling to keep up. Adding to this challenge, colleges and universities are experiencing increases in the severity and acuity of mental health concerns for incoming students. Efforts to identify and understand the multiple causes abound. Myriad causes and effects have been cited by organizations such as the Center for Collegiate Mental Health (CCMH), the American College Health Association (ACHA) and the Association of University and College Counseling Center Directors (AUCCCD). One mental health challenge that has emerged is the pervasive effects of loneliness and

isolation. Millennials and Gen Z, who make up the vast majority of the postsecondary student population, report loneliness at an alarming rate. A 2019 Cigna survey of 10,000 U.S. adults revealed 79% of Gen Z and 71% of millennial respondents indicated loneliness, compared with 50% of baby boomers (Cigna, 2020). It stands to reason that access to support for these students is essential. These supports must foster a sense of belonging, which research suggests directly relates to mental health and wellbeing, particularly for students with minority status (Wilson and Liss, 2020). To achieve this requires facilitating access to communities that offer affirming spaces for sharing and connection.

Increase of loneliness among gen Z and millennials:

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2020 bore witness to social unrest, social justice movements and the COVID-19 pandemic, all of which exposed disparities in diversity, equity and inclusion across all aspects of life. Nowhere has this been more salient than in higher education, as colleges and universities have endeavored to reflect upon and affirm their commitments to Diversity, Equity and Inclusion (DEI). Colleges and universities continue to exist as bastions for social justice movements. With that comes an increased need for mental health support when students take on the challenge of exploring their identity amid emotionally charged activism. As movements like Black Lives Matter and transgender rights have gained intensity, they have helped advance awareness of the importance of DEI. More importantly, they prompted calls to action that have left higher education institutions struggling to meet the needs of diverse student populations seeking support.

Colleges and universities cannot simply hire their way out of this challenge. The Steve Fund, a nonprofit organization dedicated to promoting the mental and emotional well-being of students of color, recently published a report that noted that “counseling centers alone do not have the capacity to provide customized outreach for students of color and handle elevated demand” (The Steve Fund, 2020, p. 6). Additionally, LGBTQ+ students, though a sizeable minority of college students, use mental health services at higher rates than their non-LGBTQ+ peers but often have high levels of unmet treatment need (Dunbar et al., 2017). No doubt, increasing resources to support student mental health is an essential piece of the puzzle. However, it is equally important that those resources be accessible, equitable, and inclusive to a diverse student community.



DEI and Student Mental Health

DEI is greater than the sum of its parts, and, in fact, not placing full attention on all three components can sometimes do more harm than good. DEI is an antidote to inequity and exclusion, both of which have resulted in historical trauma, social justice battle fatigue and wounds that require healing. Therefore, it is imperative to understand the role of mental health in any university or college DEI effort.

Nearly half of undergraduates in the U.S. are students of color (Brown, 2019). College students on today's campuses face several concerns in the social, emotional, financial and academic spheres. For BIPOC and LGBTQ+ students, their needs are often more acute, given that issues like racism, sexism, and general discrimination compound these other psychosocial stressors (The Steve Fund, 2020). Students of color report greater feelings of isolation and a significantly reduced likelihood of seeking professional care for mental health and emotional well-being concerns when compared with their white peers (Harris Poll, JED, The Steve Fund, 2017). Furthermore, we are only now beginning to understand how intersectional identities impact utilization of and access to support. Still, we can surmise that the detrimental impact of loneliness and isolation are all too prominent.



Diversity

Represents the range of human differences to describe populations, not individuals. There is mounting empirical evidence demonstrating that diversity improves performance outcomes in work and learning environments. In higher education, diversity of students, faculty and staff facilitates a more welcoming environment and subverts marginalization.

Equity

Is about providing equal opportunity combined with an understanding of the systemic barriers and biases that can make it difficult for individuals to access and optimize those opportunities. Increasing funding to hire additional counseling center staff may improve access to available appointments. However, the hiring plan must consider that BIPOC students may be more comfortable seeing a counselor who shares their racial or ethnic heritage, and LGBTQ+ students may feel safer meeting with someone who shares their experience. Additionally, marginalized students may be more comfortable initiating help-seeking by connecting with peers.

Inclusion

Is about creating a meaningful sense that people are valued. It requires intentionality and engagement so that all people (students, employees, community members, etc.) experience a sense of being valued for who they are. For example, a marketing campaign to promote a mental health initiative must appear in the various spaces where BIPOC and LGBTQ+ students spend time, and it must reflect their experiences and identities.



The COVID-19 Pandemic Widened the Gap

In a September 2020 American Council on Education survey of 268 college and university presidents, 70% identified student mental health as among their most pressing issues, up from 53% earlier in the year. Over 66 percent of all presidents report an increase in the utilization of mental health services due to COVID-19, with 59% reporting having invested in online or virtual services. According to the Steve Fund COVID-19 Crisis Response Taskforce, “At the onset of the pandemic, colleges grappled with technological and state licensure issues, making

it more difficult for many students to access their college’s mental health services remotely.” (p.3). Additionally, according to an analysis by the Steve Fund and the Healthy Minds Network, 70% of students of color using mental health services have found those services more difficult to access since the pandemic.

The pandemic’s impact on mental health:

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Peer-to-Peer Mental Health Support as a Cornerstone of DEI

Efforts to bolster mental health support and resources are both a means and an end when it comes to DEI on college campuses. For decades, prevailing mental health services on university and college campuses prioritized individual treatment for students, typically in a medical paradigm that relied on licensed professionals to intervene. With the number of students seeking mental health services increasing in the past 10 to 20 years, university mental health services have struggled to meet the demand. To address this challenge, campus leadership, student affairs, health promotion, faculty, and diversity, equity, and inclusion DEI, have become integral partners. Working collaboratively, they have the potential to promote community-level mental health interventions among underrepresented and marginalized students and in doing so, improve equity, inclusion, and belonging. Driving awareness to and implementing DEI in the higher education space will help facilitate more welcoming environments—leading to better mental health support and more positive learning outcomes.

The good news is that each school has an abundance of resources ready and willing to rise to the occasion—its students. The positive effect of peer-to-peer support on student mental health and wellbeing is well documented (Pfeiffer et al., 2011). Students are more likely to go to each other for support than to staff or faculty. Evidence suggests that peer support interventions can be an effective component of treating depression.

Peer support is even more critical for BIPOC and LGBTQ+ students, who consistently report higher support needs while often having difficulty accessing others who share their experiences. When buttressed by clinical monitoring, anonymous support offered 24/7, timely referral to crisis resources and collaboration with existing campus support services, accessible, equitable and inclusive support communities emerge.

Accessible & Equitable, and Inclusive

Access to mental health support has historically been one of the most challenging needs and demands to meet for university and college campuses. Resources that can flex as an addition or supplement to existing services are critical. According to the *Campus Mental Health Primer* published by the American Psychological Association, Student Affairs Administrators in Higher Education NASPA and the American Council on Education, “Not all students who could benefit from mental or behavioral health services will come to the counseling center today or any day. Students may not recognize the need for the available services. *The Equity in Mental Health Framework*, published by the Steve Fund and the JED Foundation (2017), encourages colleges and universities to offer a range of supportive programs and services in varied formats, with attention to various culturally relevant programs (2017). To achieve inclusive



access requires considering when, where, how timely and from whom support is available.

Schools should, therefore, explore how peer-to-peer models, when added to their current student support services, can dramatically improve access, convenience and simplicity of mental health support. (Waite, 2021). In an October 2020 *Inside Higher Ed* article, Dr. Annelle Primm, senior medical director of the Steve Fund, noted that too many students of color suffer in silence and stated this could detrimentally affect their academic performance, retention and college persistence (Anderson, 2020). Additionally, Dr. Primm suggested that student communities connecting over a common cause, such as activism, can counter the negative mental health impact of racism and discrimination. In the *Inside Higher Ed* article, she stated:



It can give students and young people a sense of agency and self and collective efficacy. ... That kind of activity engenders hope that things can get better. That's good for mental health. To not be isolated and alone, but feel like you're part of a whole, with other people that are of like mind and good conscience.

Dr. Annelle Primm
Senior Medical Director, Steve Fund



The following considerations help optimize the overall effectiveness of peer-to-peer student mental health communities while bolstering DEI in student mental health:

- **Judgement-free online formats promote inclusive access.** A peer-to-peer mental health community must be welcoming to a diverse student population. Any DEI-informed effort must consider meeting all stakeholders where they are, and we know students are online. In a pre-pandemic study of undergraduate students and information technology (Galaneck, Gierdowski and Brooks, 2018), the typical students reported spending, on average, between three and four hours a day working online and another one to two on nonacademic activities. These results were broadly similar across class, ethnicity and gender. According to CCMH's 2020 Annual Report, 35% of the total users of traditional college and university mental health services were BIPOC (CCMH, 2021). At Togetherall, an online peer-to-peer mental health community that reaches about 2 million students, 40% of student members identify as BIPOC.
- **Anonymity reduces feelings of judgement and promotes inclusivity.** When users can access an online format anonymously, it can reduce stigma and remove a substantial barrier to help-seeking (Neil et al., 2011), particularly for marginalized groups.
- **24/7 access is vital.** When students are feeling overwhelmed, accessing help can seem daunting or inconvenient. When peer-to-peer resources are available around the clock, it provides an outlet for students seeking support and creates flexibility for reaching out.



- Clinical monitoring with appropriate and timely referral improves quality and reduces risk for students and the institution.** Any risk-management-oriented higher education administrator will tell you that an anonymous 24/7 online mental health support forum of well-intended but untrained students is precarious. The necessary but challenging intersection of confidentiality and privacy laws (e.g., HIPAA, FERPA, Title IX) and liability concerns can make implementing a peer-to-peer mental health program seem formidable. University counseling services and other student Affairs departments do not typically have the staff or the scope of practice to facilitate moderating and intervening on a 24/7 online forum. A program that allows for effective monitoring by licensed professionals and direct connections with specific campus and community resources is ideal, particularly for high-risk students.
- Students have a strong desire to help one another and foster belonging.** Peer support communities provide an opportunity for students to give and receive support (Marcus, 2020), which is essential to cultivating a sense of belonging. Engaging student stakeholders will increase the likelihood of achieving positive outcomes. Student governments, student organizations and affinity groups are more likely to buy into and promote programs in which they feel agency, ownership and inclusivity.

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“And the community takes over.”

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Sometimes the most powerful aspect of a community-level mental health program is that it facilitates the formation of a community where there had not been one before. One of the significant aspects of a university or college is how the setting facilitates social “collisions” that promote learning, growth and support. Online communities allow for those collisions to occur anywhere and anytime.

An example is Togetherall’s online peer-to-peer mental health platform, which is moderated by licensed and registered mental health practitioners called Wall Guides and reaches about 2 million students. In a recent demonstration, Matthew McEvoy, Togetherall’s senior vice president and general manager for North America, walked through the lifecycle of an anonymous post to the community. The anonymous student who authored the post expressed their struggle with “imposter syndrome,” a widespread phenomenon among undergraduate and graduate students, and one that is even more prevalent for those with minority status. Despite experiencing a commonplace affliction, the student was feeling alone in their experience. After reading the post aloud, McEvoy brought attention to the community response that followed, saying, “And the community takes over.” And indeed it did. Acknowledging that this was the first post for this community member, a Wall Guide responded with reflective and empathetic words. Soon after, several community members responded



with nonjudgmental responses ranging in tone from sympathetic to empathetic to cheerleader. The thread ended with the poster expressing gratitude and stating they felt much better.

Had the Togetherall community member in the example above presented with elevated risk to health or safety, the Wall Guides would have further engaged the student on the platform and made it clear to other users that an escalation had taken place. Additionally, students presenting

with high risk are transferred to a counselor at ProtoCall, a leading provider of telephonic behavioral health services, which is 24/7. ProtoCall later notifies the campus counseling service to facilitate follow-up (the student's school enrollment is accessed when addressing high risk is necessary). In addition to a crisis escalation pathway with ProtoCall, Togetherall provides an expansive resource library to help students improve coping skills and self-evaluate their mental health using validated clinical assessment.

Conclusion

Effective 24/7 community-based options that balance safety with great attention to risk management are the gold standard when it comes to peer-to-peer mental health support resources in higher education. When designed to optimize inclusivity and implemented equitably, peer-to-peer mental health support resources can become the cornerstone of a college or university DEI effort. Successful programs will leverage diversity, foster equity in access to support and reduce barriers to help-seeking in order to promote inclusiveness. It matters when students have access to a campus community

who can empathize with their mental health experience. Additionally, a resource grounded in joining a network of safety is in everyone's best interest. Achieving this in a peer-to-peer student mental health resource means having effective clinical monitoring and direct collaboration with each campus's own mental health support services. It matters when students have access to various culturally congruent means of mental health support. It matters when mental health support is inclusive and welcoming to all groups.



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About the Author

James Lyda, PhD., is a licensed psychologist in California and New York, with nearly two decades of experience in university mental health and student affairs as a staff psychologist, CAPS director and dean. Dr. Lyda established the first satellite office at UC Berkeley's School of Law and later went on to coordinate UC San Francisco's Mental Health Initiative grant. He was the founding global director of counseling and psychological services at Minerva

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