



WHITE PAPER

# Exploring the population approach to early intervention in student mental health

How risk-managed peer-to-peer support is a critical component

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# Abstract

On top of the expected learning, growth, and developmental challenges students face, the college and university experience coincides with the peak age period for the onset of mental health disorders. When students struggle with emergent or recurrent mental health concerns, it hinders their ability to persist in their education and meet their potential. Therefore, early intervention resources are essential to students in achieving their educational goals and to institutions of higher education in delivering on their educational missions. When early intervention leverages the power of peer-to-peer support, it can serve to normalize help-seeking and be a driver of prosocial behavior. This paper discusses how risk-managed peer-to-peer resources can provide a critical component of any college's or university's or national greek-letter organization's approach to early intervention in student mental health.



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# Introduction

The college and university experience is a formative and challenging time of learning, personal growth, and development. Most undergraduates (and many graduate and professional students) are undergoing a critical transition from late adolescence to early adulthood while navigating a complex array of academic, social, financial, and developmental challenges. In addition, age 17 to 24 is a peak period for the onset of mental health disorders (McGorry, Purcell, Goldstone and Amminger, 2011). Given these conditions, resources that facilitate early intervention regarding student mental health are critical.

According to *A Strategic Primer on College Student Mental Health*, published by NASPA — Student Affairs Administrators in Higher Education, the American Psychological Association (APA), and the American Council on Education (ACE):

**Given what it takes to be successful in higher education—and later, in life and work—students have to be ready to learn—in a state of physical, psychological, emotional, intellectual, social, and spiritual well-being. Mind, brain, and body must be in shape for and open to learning experiences. How prepared students are for learning determines how much and how well they learn, and influences persistence, retention, and graduation. We want every student who starts college to graduate, and every graduate to experience all that higher education can offer—so we must pay attention to students’ well-being. (Douce and Keeling, 2014, p. 1)**

Early intervention in college mental health involves the prompt identification, engagement, referral, and intervention for students at risk or in the early stages of experiencing a mental health condition. According to the World Health Organization World Mental Health International College Student (WMH-ICS) initiative:

**Taken together, prevention and early treatment of mental health problems in college students is a key public health priority, not only because of the impact on the lives of students and public health but also on the investment society makes in college students and the importance of college students to the future social capital of society. (Cuijpers et al., 2019, p. 2)**

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Attention to student mental health and well-being has reached the highest levels of campus and organizational leadership. In a December 2020 survey by the American Council on Education, 68% of university presidents listed student mental health as one of their most pressing issues.

Thanks to years of efforts to reduce mental health stigma, students are increasingly willing to access campus counseling and mental health services. While this is a tremendous achievement, the movement to normalize help-seeking for mental health concerns must extend beyond stigma regarding reaching out to a professional.

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As the data demonstrates, resources and interventions are needed further upstream, because mental health services face the compounding effects of both increased demand and increased clinical acuity (intensity of care). There is a critical need for resources focused on early intervention that do not exclusively rely on mental health professionals while maintaining rigorous attention to risk.

The next step in this process must include a complete view of avenues for help-seeking. This would help students expand their menu of options in a manner that normalizes the human experience of distress and emotional pain, and elevates the role of natural and readily accessible support systems. The good news is there is an underutilized resource that is in abundance—the students themselves. This paper discusses how peer-to-peer support can be a crucial component of early intervention in college student mental health issues when encompassed by policies and procedures aimed at managing risk and responding to crises.



# Why we need early intervention in student mental health

The premise of early intervention (also referred to as EI) is simple. The earlier we intervene in the development of a problem, the better the outcome will be for the individual and society. EI is easier to implement when we know what we're up against, and in higher education the challenge is clear when it comes to student mental health. In general, approximately 1 in 5 people experience clinically relevant mental health problems before the age of 25, and nearly half of those were already symptomatic before the age of 14 (Kessler et al., 2005). The Center for Collegiate Mental Health's 2020 annual report, which describes 185,000 students who have accessed mental health services on their respective campuses highlights the lifetime history of previous counseling/psychotherapy continues to increase, with nearly 60% of students having previous mental health treatment. Anxiety and depression are consistently the most frequent mental health concerns, and lifetime experience of trauma has been gradually increasing over the past six to eight years.

## Impact on multiple levels

Early intervention in student mental health can improve outcomes at many levels: for individual students, at the institutional/organizational level in healthcare provision, and at the societal level. During college, mental health disorders are predictors of both a student's likelihood of dropping out and diminished academic performance (Auerbach et al., 2016; Bruffaerts et al., 2018). It reduces costs and improves the effectiveness of an institution when students meet their academic potential and graduate. Campus health and counseling services (as well as those in the community) benefit from the prevention of morbidity and acuity of mental health concerns, which place a strain on providers and staff and affect students' ability to access care.

The consequences of poor mental health can be costly economically, socially, and from a health perspective. There is also strong evidence of long-term adverse effects of mental health disorders during the college years on functioning in the labor market (Goldman-Mellor et al., 2014; Niederkrotenthaler et al., 2014), relationship functioning (Kerr & Capaldi, 2011), and health (Scott et al., 2016).

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## Normalizing help-seeking and prosocial behavior

To be effective, early intervention should serve to normalize help-seeking, ideally before concerns become a crisis or emergency. Additionally, effective EI should serve to normalize the experience of distress and emotional pain in a manner that does not immediately pathologize, nor automatically assume professional intervention is the first or only remedy. To achieve this, EI must be accessible, inclusive, appropriate to the stage of a student's condition (if one exists), and developmentally congruent. Effective EI works to prevent problems from occurring or addresses issues swiftly before they get worse, preventing bottlenecks and overwhelmed resources. Additionally, EI does not have to be exclusively problem-based. At an individual level, EI can help support student strengths. When there is a peer-based component, EI can normalize and reduce barriers to help-seeking at a community level and foster a prosocial environment (be it in person or digital).

Peers are ideally positioned to support each other because of their numbers and proximity to one another, as well as their ability to connect based on shared experiences (Waite, 2021). Peer-to-peer support can help prevent serious mental health concerns from rising to the level of a medical emergency and even prevent tragedies. Let's simply take into account the age-based prevalence rates mentioned earlier. We know that a subset of students will experience a first major psychiatric episode on any given college or university campus, such as major depression, severe anxiety disorder, addiction/substance abuse, PTSD, mania, or psychosis. The earlier these students are recognized and can engage in support and receive a referral (or encouragement) to seek professional help, the lower the chance that an emerging severe diagnosis will result in a medical emergency or permanently derail their education. The benefits of reduction in morbidity and acuity allow campus health and counseling services, as well as local healthcare services, to maintain access to services and keep up with demand. Early intervention with these students can also reduce the downstream impact on residential life, faculty, staff, and other campus services.



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Students have a strong desire to help one another and foster belonging. Research suggests that a sense of belonging relates positively to students' mental health and well-being, particularly for students with minority status (Wilson and Liss, 2020). Peer support communities provide an opportunity for students to give and receive support (Marcus, 2020), which is essential to cultivating a sense of belonging.

From an interpersonal perspective, both help-seekers and help-givers (roles that often alternate over time) reciprocally benefit from the helping interactions (Repper and Carter, 2011). Strong peer involvement in general (and specifically in outreach efforts) is also likely to increase the engagement of both current and prospective users of university counseling centers and other resources.

Peer-driven groups or programs may provide additional incentives to attend appointments, for instance, or help prospective clients feel more comfortable about seeking services. A peer-to-peer resource serves to engage student stakeholders, which increases the likelihood of achieving positive outcomes. Student governments, student organizations, and affinity groups are more likely to buy into and promote programs that provide agency, ownership, and inclusivity.



## Inclusive access

Strong evidence exists for the positive effect of peer-to-peer support on student mental health and well-being, and we know that students are more likely to first go to another student for help than to staff or faculty (Pfeiffer et al., 2011). Peer support is even more critical for BIPOC and LGBTQ+ students, who consistently report having higher support needs while often having difficulty accessing others who share their experiences. Schools should, therefore, consider how peer-to-peer models, when added to their current student support services, can significantly improve access to and the convenience and simplicity of mental health support (Waite, 2021). (For more on how peer-to-peer communities can contribute to diversity, equity, and inclusion in mental health support, see Togetherall's white paper [here.](#))

Peer-to-peer support resources can serve as a “warmline” of sorts, allowing students who could benefit from support, but are not experiencing an emergency, access to an outlet to express their experiences and receive support outside of sessions with a mental health professional. Peer-to-peer support is also a pathway for students who might not initiate help-seeking, or seek out mental health services. If a student is under the care of a medical or mental health provider, peer-to-peer support resources can be a welcome resource for supplementing treatment. In addition, when staff and faculty have a resource to which they can refer a student in distress, it is highly empowering and can reduce the pressure to provide support for issues that may feel out of their scope.





# Managing risk

Students are not always in the best position to advise or support their peers, mainly when there is a mental health crisis or emergency. Naturally, this presents risk-management and liability concerns for institutions that are magnified if the peer-to-peer platform is digital and potentially anonymous. It is critical to anticipate and provide for the needs of people who are, or might be, at risk or in crisis while they use a digital platform. It is therefore imperative to establish a safety net of clinical moderation and a crisis and emergency escalation protocol. (For a more detailed discussion, see Togetherall's white paper on promoting a safer digital experience in mental health services [here](#)).

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Professional monitoring and streamlined connections to campus services help manage risk and liability while enhancing trust. Students need to feel a sense of trust and safety when they access or engage with a resource. This requires a sense that the resource will be helpful, welcoming, and inclusive, as well as a sense that users who are in crisis or at high risk will be attended to by professionals when necessary. There is an important balance to strike between students feeling empowered to give and receive support from their peers and knowing that there are professionals who will step in when the circumstances require it.

Peer-to-peer platforms have demonstrated effectiveness in early intervention (Alvarez-Jimenez et al., 2018). Online and app-based resources can head off a mental health emergency by identifying at-risk students early, providing support, and ushering them to the appropriate care. Anonymous online and app-based resources can improve mental health and reduce suicide risk by reducing perceived stigma in participants. These resources increase the motivation to seek help, including professional mental health support. In addition, a digital platform can provide a space for a large number of participants.



# Digital peer-to-peer resources: Ideal for early intervention

There are many examples of peer-to-peer resources and early intervention models, including peer counseling programs, peer support groups, gatekeeper training, and digital (online or app-based) forums. Of these examples, digital resources offer a comprehensive array of options that optimize accessibility, inclusivity, clinical appropriateness, and developmental congruence when they include the following:

- **Anonymity** - When users can use online or app-based formats anonymously, it can reduce stigma and remove a substantial barrier to help-seeking (Neal et al., 2011), particularly for marginalized groups.
- **24/7 access** - 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.
- **Online and/or app-based platform** - Students are often online and on their smart devices. In a pre-pandemic study of undergraduate students and information technology (Galanek, 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.
- **Risk management and escalation through clinical monitoring** - A program that allows for effective monitoring by licensed professionals and directly connects to specific campus resources increases safety and reduces risk and liability. Clinical monitoring is vital for students who are facing severe mental health concerns, and effective risk escalation is essential.
- **Prosocial** - An online/app-based format enables students to support peers struggling with mental health concerns. This format can be particularly empowering for students who have worked through their own mental health challenges and can give back by normalizing and validating someone else's struggles and concerns by sharing their own journey. Additionally, a prosocial digital space is a welcome counter to social media and open forums that may actually contribute to poor mental health.



# Conclusion

Early intervention is a critical component of any college's or university's approach to supporting students' mental health. EI has positive benefits for students, healthcare provision, communities, the future workforce, and higher education institutions. Professionally monitored, risk-managed, digital peer-to-peer resources provide a safe forum in which students can support one another and lead to students getting the help they need sooner.

## About Togetherall

Founded in 2007, Togetherall is a leading clinically supervised peer-to-peer online mental health service—providing more than 2 million students across 250+ colleges and universities in the U.S, Canada, U.K. and New Zealand—access to year round community and professional support 24/7. The robust platform serves (consider reaches) a diverse population individuals with common issues like stress, isolation, and anxiety.

To learn more about how Togetherall integrates with and provides cost-effective solutions to existing campus counseling models to extend your reach, visit: [www.togetherall.com](http://www.togetherall.com) or sign up for a demo



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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

School at KGI, establishing a model of services delivery for students from over 50 countries, in seven cities around the globe. He was later promoted to Minerva's first-ever dean of students. Dr. Lyda's work has focused on DEI in mental health, stigma reduction and suicide prevention. Most recently, he has worked in clinical leadership for a mental health startup and runs a private practice and consultancy.

