Peer-led or mental health provider-led? Is there a difference in acceptability and satisfaction? Anita Kiafar, B.A.¹, Laurianne Bastien, B.A.¹, Lina Di Genova, Ph.D.¹, Vera Romano, Ph.D.¹, Stephen P. Lewis, Ph.D.², & Nancy L. Heath, Ph.D.¹



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Le patient d'abord



Abstract

University students report concerning levels of mental health distress, but few seek support from mental health services (Gulliver et al., 2010). Accordingly, the World Health Organization is calling for a massive scale-up in investments in mental health (World Health Organization, 2020). Thus, new models of service delivery such as online peer support have emerged as an outlet allowing for the exchange of student experiences, which mitigates the fear of stigma, a barrier to help-seeking in youth, that might occur in mental health professional contexts (Ali et al., 2015). However, little is known about differences involving peer vs. mental health provider (MHP) outreach for university students. The present study sought to evaluate the acceptability and feasibility of a peer-led vs. MHP-led mental health resilience skills-building video outreach program. Participants were 148 undergraduate students (79.7% female) who were asked to watch 3 brief skills-building videos which were either peer-led (n=77) or MHP-led (n=71). Results of an independent sample t-test revealed no significant difference in the peer (*M*=8.73, *SD*=2.16) or MHP (M=8.83, SD=2.23) groups on perceived degree of skills learned, t(146) = -1.34, p = .18, strategy use, t(146) = -1.85, p = .066, or program satisfaction, t(146) = 0.29, p = .77. Furthermore, about 70% of students from both groups reported they would recommend the program to other university students. Findings suggest that a resilience skill-building video outreach may be acceptable and feasible for university students regardless of service delivery type. Thus, findings may have important implications for the integration of future outreach programs.

Participants and procedure

• Participants were 148 undergraduate students (79.7% female, Mage= 20.58, SD = 2.54) who were asked to watch 3 brief skills-building videos over a one-month period. The programs were identical in content where presenters used a script to ensure consistency across the programs, but videos differed in which they were either peer-led (n=77) or MHP-led (n=71).

Method

- The videos addressed 4 critical areas of resilience building: managing stress, decreasing self-criticism and increasing selfcompassion, enhancing social connection and effective social support, and improving self-care and help-seeking.
- Participants were also given access to a resource library for stress management and resilience building strategies. • Training satisfaction was assessed following the viewing of all 3 videos and having 1-month access to the resource library.

Results (Continued)							
Table 1							
Summary of Peer Versus MHP Training Satisfaction							
	Peer		MHP				
	М	SD	М	SD	t	р	
Program satisfaction ^a	4.93	0.77	4.8	0.79	0.29	0.77	
Perceived degree of skills learned ^b	2.99	0.8	2.82	0.74	-1.34	0.18	
Anticipated strategy use ^b	3.19	0.59	3.1	0.76	-1.85	0.07	

Background

- University students report concerning levels of mental health distress (e.g., American College Health Association, 2019), but few seek professional help from mental health services (e.g., Gulliver et al., 2010; Stunden et al., 2020).

Measures

- Researcher developed measure based on the first 3 levels of Kirkpatrick New World Model (Kirkpatrick et al., 2015).
- Program satisfaction was measured on a 6-point Likert scale; higher scores = better response to training.
- Perceived degree of skills learned and anticipated strategy use were measured on a 4-point Likert scale.
- Level 1: Student viewers' response (acceptability and satisfaction) "I would recommend the Stress & Coping Online Outreach Program (SCOOP) to other university students" Level 2: Learning (knowledge, skills and confidence) "After watching this video, I feel I learned..." Level 3: Use of skills (willingness to use, frequency of use) "I am planning to use the SCOOP strategies in the future..."

Results

Overall program acceptability and satisfaction (RQ1):

•About 70% of students from both groups reported they would recommend the program to other university students. •68% of students reported *a lot* to *a medium amount* on how much they felt they had learned. •86% of students reported they plan to use the strategies presented in the program *frequently* to *sometimes* in the future.

<i>Note. N</i> =77 for the peer group and <i>N</i> =71 for the MHP group
a. Measured on a 6-point Likert scale
b. Measured on a 4-point Likert scale
** <i>p</i> <.01

Discussion

Given the need to integrate mental health programs to better support students, the present study found that peer-led online programming was equally acceptable to MHP-led online programming, adding to previous studies demonstrating the high satisfaction with MHP-led online programming (e.g., Rickwood et al., 2019).

The present study found that a resilience skill-building video outreach may be acceptable for university students regardless of service delivery type (MHP-led or peer-led). Findings suggest that the program's content may be a greater determining factor of acceptability which is consistent with previous literature highlighting the importance of programs with a psychoeducation and skills-building focus (Bryan & Arkowitz, 2015).

Additionally, such elevated levels of reported satisfaction and anticipated strategy use are encouraging given the program was disseminated at the beginning of the COVID-19 pandemic where students were reporting heightened levels of stress (Son et al., 2020). This provides preliminary evidence that these types of online interventions may be feasible for students during times of reported high stress.

- Thus, low rates of early help-seeking highlight the need for preventative measures to promote help-seeking in university students such as online models of service delivery (DeBate et al., 2019).
- Accordingly, new models of service delivery such as online peer support have emerged as an outlet allowing for the exchange of experiences, which mitigates the fear of stigma, a barrier to help-seeking in youth (Ali et al., 2015; Kim et al., 2017).
- However, little is known about differences involving peer vs. mental health provider (MHP) outreach for university students.

Objective and Research Questions

Objective

The present study sought to evaluate the acceptability and satisfaction of a peer-led vs. MHP-led mental health resilience skills-building video outreach program.

Research Questions

RQ (1): What is the overall acceptability and satisfaction of an online mental health resilience outreach program for university students?

Group comparisons (RQ2):

• Results of an independent sample t-test revealed no significant group differences on program acceptability and satisfaction, skills learned, and anticipated strategy use.

Figure 1

Response to Training



Limitations and Future Research

• The current study focuses only on acceptability and feasibility and further investigation into actual student implementation of strategies over time would be needed.

•Since the study coincided with the COVID-19 pandemic, it is possible that satisfaction might have been enhanced or decreased given the circumstances.

•Future research should investigate different types of online outreach delivery such as virtual and remote programs since our outreach program was delivered entirely online.

Conclusion

Findings suggest that a resilience skill-building video outreach may be acceptable for university students regardless of service delivery type. Thus, findings may have important implications for the development and integration of future outreach programs.

Selected References

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young



