

# **The Living Room Peer Support Training: Leading the Way in Unlocking Mental Health Benefits for University Students in Peer-led Service Models in Higher Education**

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## **Abstract**

*This paper presents the development and execution of a specialised university training program designed to support Peer Support Advisors (PSAs) within The Living Room: a low-barrier peer-led mental health service. The primary objective was to investigate the training program's impact on the knowledge and attitudes of PSAs. Two questionnaires were administered: a pre-training questionnaire to establish participants' initial attitudes and knowledge levels, and a post-training questionnaire to assess any changes following completion of the program. Additionally, a feedback questionnaire was used to gather qualitative insights on the training experience. The integration of qualitative narrative accounts with quantitative data facilitated a thorough understanding of the program's effects. The results revealed a consistent enhancement in confidence and understanding among PSAs post-training, indicating significant improvements in their knowledge and attitudes relevant to their roles. The study highlights the effectiveness of this training approach in bolstering PSA skills and capabilities. The Living Room's PSA training program exemplifies the positive impact of such initiatives on students' ability to provide effective peer support. Key insights include the importance of inclusivity, awareness of available services, and practical application of acquired skills in diverse student contexts. The utilisation of pre/post assessments and feedback surveys offers a robust framework for evaluating training efficacy and overall participant satisfaction. These findings emphasise the value of investing in comprehensive training programs to empower peers and cultivate a supportive university community.*

## **Keywords**

The Living Room, Mental health, University, Peer support, Training

## **Introduction**

Peer training programs play a crucial role in equipping students with the skills and knowledge to support their peers in navigating challenges and accessing available services within the university setting. This study explored the training, experiences, and perspectives of Peer Support Advisors (PSAs) participating in The Living Room (TLR) program at Edith Cowan University (ECU), Perth, Western Australia. Through a quantitative methodological approach, we aimed to explore the impact of the training, particularly focusing on aspects such as the escalation and handling of different student scenarios, inclusivity, awareness of available services, and the significance of mental health first aid (MHFA).

## **Literature review**

Peer Support Workers (PSWs) are paid employees with personal or lived experience of mental health issues, who deliberately use this experience to assist others facing similar challenges in mental health contexts (Byrne et al., 2015; Commonwealth of Australia, 2013). PSWs typically draw upon their firsthand experiences of mental health conditions or services to support others encountering similar situations (Byrne et al., 2015). Referred to by various titles, such as peer

providers, specialists, support volunteers, or PSAs, these individuals actively engage in aiding others on their paths to mental wellbeing.

Previous research has explored the multitude of advantages experienced by both peer workers and the individuals they support. The benefits of PSWs in mental health services extend far beyond the immediate impact on clients or patients; the wellbeing and job satisfaction of the peer workers themselves is also enhanced. Qualitative evidence emphasises that peer workers in mental health organisations embody hope and recovery, act as a bridge between consumers and the system, and demonstrate a deep understanding of consumer challenges (Byrne et al., 2015; Gillard, 2019). For peer workers, the role offers numerous benefits, including professional skill development, expanded social networks, and personal fulfillment (Gillard et al., 2022). Previous research has underscored the efficacy of peer work in enhancing consumers' self-management, self-efficacy, empowerment, personal recovery, and social skills, alongside their ability to navigate mental health service systems (King & Simmons, 2018; White et al., 2020). Further research substantiates the benefits associated with peer work. These include significantly enhancing client–patient engagement, fostering feelings of self-empowerment, nurturing social connections, boosting self-efficacy, instilling hope, promoting self-management, and facilitating positive clinical outcomes in keeping with the current recovery framework (Walker & Bryant, 2013).

The increasing adoption of peer support roles is evident on a global scale. This includes resource-constrained settings, such as India, where these individuals play pivotal roles in bridging gaps in mental health care provision (Pathare et al., 2018). Nonetheless, challenges persist, affecting role satisfaction, performance, and overall wellbeing. Peer workers have encountered negative attitudes from non-peer staff, impacting their job satisfaction and role effectiveness (Casey & Webb, 2021; Lyons et al., 2021). These attitudes hinder peer workers' efficiency and professional growth (Byrne et al., 2015; Ibrahim et al., 2020), leading to difficulties in forming meaningful relationships and feeling undervalued (Byrne et al., 2015; Walker & Bryant, 2013). Role ambiguity poses a persistent challenge, as peer workers often face unclear role definitions and competition with non-peer professionals (Chisholm & Petrakis, 2020; Ibrahim et al., 2020). The lack of clarity in roles and responsibilities within mental health teams may lead to task misallocation and boundary-setting challenges. Consequently, issues related to transference can undermine therapeutic relationships, affecting the quality of care and support provided and, ultimately, impacting health outcomes (Ibrahim et al., 2020).

Peer support initiatives have surfaced as a valuable asset, given the substantial influence of social integration and support on academic success among university students. By leveraging students' expertise in navigating academic challenges, peer-led programs offer a crucial scaffold of support and understanding, complementing the expertise of lecturers (Falchikov, 2003; Kimmins, 2013). A wealth of empirical research underscores the significant impact of social integration and support on university students, revealing that those who feel connected, engaged, and supported within the student community tend to excel academically, compared to their counterparts with lower levels of social connection and support (Altermatt, 2016). While lecturers bring subject expertise to the table, it is noteworthy that “students are experts at being students” (Longfellow et al., 2008, p. 102).

Peer-led programs have emerged as an asset in this regard. Drawing from their own experiences, students offer support and understanding to their peers, effectively providing a scaffolding of support as they navigate their academic journey (Falchikov, 2003; Kimmins, 2013). These peer-assisted initiatives foster a nurturing learning environment within universities, where student-to-student support is recognised as integral to fostering student success and promoting sustainable learning practices (Kimmins, 2013). Numerous universities employ peer support initiatives to aid students. Nevertheless, the absence of established guidelines for fostering mental health and

emotional wellbeing among students has been noted as a significant gap (Hernandez-Torrano et al., 2020). This deficiency in clear directives poses a challenge for educational institutions striving to enhance the support systems available to their student populations (Maille et al., 2024).

University students tend to experience poorer mental health, compared to individuals with similar characteristics in the general population. Research has suggested that factors related to the university environment, the demands of academic life, financial concerns, social isolation, and the challenges associated with transitioning to adulthood and tertiary study may contribute to heightened levels of stress or psychological distress among students (John et al., 2018; Lipson & Eisenberg, 2017). Previous studies reveal that students perceive their quality of life to be lower when compared to young people of the same age in the general population (El Ansari et al., 2013).

The latest Australian mental health statistics indicate that two in five Australian adults experience mental health problems at some point in their lives (Australian Bureau of Statistics, 2022). These statistics further highlight that the transition to higher education coincides with the peak age of onset for mental health problems, making it a crucial period for mental health support. The mental health of university students is emphasised as a significant factor influencing their retention and success in academia (Brown, 2018; Lipson & Eisenberg, 2017). Despite this, less than one-third of university students with mental health conditions seek help from formal services (Orygen, 2017). This low utilisation of services suggests a gap in the provision of support tailored to the needs of university students. Further evidence indicates that current mental health services available to university students are not adequately meeting their holistic needs, implying that there is a need for a more comprehensive approach to mental health support within university settings (Begum et al., 2024). By enhancing and expanding mental health services tailored to the unique needs of students, universities can play a significant role in supporting the mental wellbeing and academic success of their student population. This suggests a need for universities to invest in a comprehensive approach to mental health support, encompassing not only clinical services but also initiatives focused on prevention, early intervention, and creating a supportive campus environment.

TLR at the ECU Joondalup Campus is modelled on a successful service of the same name at The University of Western Australia, established in 2020. TLR is designed to be a welcoming, inclusive, and student-focused low-barrier drop-in service, promoting wellbeing through awareness, discussion, and early intervention. Low-barrier mental health services provide a peer-assisted preventative approach and are increasingly found to be successful in assisting students to seek help and support early. Peer support services also fill a gap in immediate mental health support, assist in reducing waiting lists for Psychological Counselling Support (PCS), and may prevent the escalation of mental health crises.

TLR has adopted a model of service which takes a strengths-based approach to raising awareness, building capacity, and promoting positive mental health. Importantly, TLR at ECU is guided by the *Australian university mental health framework* (Orygen, 2020), which provides guidance for mentally healthy university settings which support students to thrive personally and academically. This framework emphasises the importance of incorporating student perspectives and needs into mental health approaches, fostering a university community where all members contribute to supportive learning environments. It emphasises the value of promoting diversity, inclusion, and connectedness, and supports both academic and personal achievement within a mentally healthy university context. Collaboration and coordinated actions are encouraged to strengthen responses to mental health challenges, ensuring students have access to effective and timely services and supports. Furthermore, the framework highlights the significance of continuous improvement and innovation based on evidence to enhance understanding and practices that positively impact student mental health and wellbeing (Orygen, 2020). This framework, and the addition of TLR, is an

important part of ECU's whole-of-university approach to mental health and wellbeing and captures all facets of ensuring a psychologically safe and healthy place for students.

TLR provides a new service at ECU that exists between the traditional support services, such as PCS and other university supports. TLR differs from traditional university mental health care models in that no appointments are required and frontline staff are paid students, PSAs, who can connect students in need directly to support services. The TLR mental health service at universities represents a paradigm shift in how mental health support is provided to students. In addition to offering a destigmatised environment and no-appointment policy, it serves as a crucial hub for fostering a deep sense of belonging and connection within the university community. Connection to the university ecosystem is a core principle of the TLR model of service at ECU. By being situated on campus within the "Wellbeing Precinct" (physical and mental wellbeing supports), this "specialist health hub" becomes an integral part of students' daily lives. The proximity to PCS and the Health Service ensures students are more likely to access mental health support early as it is easily accessible and integrated into their routine. As such, TLR acts as a bridge connecting students not only to professional support services but also to various resources and opportunities within the university community. This may include recommendations to academic assistance; career guidance; Student Success; The Student Guild; or popular extracurricular groups, such as the ECU International Café. This initiative draws its name from the original Café concept at Murdoch University, Western Australia.

The sense of belonging cultivated within TLR extends beyond mere physical space. It serves as a safe haven where students can freely express themselves without fear of judgment or stigma. Through shared experiences and mutual support, students develop meaningful connections with their peers, fostering a sense of solidarity and community.

### ***Development of a training program for Peer Support Advisors***

Development of a tailored PSA induction and training program with supporting resources was identified as an important first step and a component to connect the university support ecosystem. The training program acknowledged the importance of co-design and co-production in its development. Following group discussions with several university service centres, support portfolios, and student front-facing departments, key student leads were selected to become collaborative contributors to the program's presentations. Key student support and service areas developed resources and case scenarios which were written, tailored, and then presented by each team. A reference group was established to steer the design of the training, consisting of relevant stakeholders from within the university.

The overarching goal of the tailored training program was to prepare and equip the PSAs to work as PSWs in TLR. The training was conducted over five days, from Monday to Friday, during business hours. It was facilitated by the Lead, Mental Health (Registered Nurse [RN], Mental Health [MH]); Coordinator, TLR (RN MH); and university directorates who presented over the week.

The training workshops, resources, case scenarios, and supervised simulation experiential role-play practice were included to ensure the program built the competencies that would underpin the fundamental role, knowledge, and skills of a PSA. This training program was evaluated to ensure it was fit for purpose and assisted new PSAs to develop their knowledge, skills, and confidence to assist students who attend TLR.

The training was conducted in a workshop format (refer to Table 1 for a training course overview). It encompassed an orientation to the TLR objectives, values and aims of the service, and the role-specific constructs. Central to the training was the inclusion of the two-day Aboriginal MHFA

(AMHFA), ensuring an understanding of the importance of fundamental mental health constructs and cultural perspectives.

The induction of the PSA team required the development of a suite of training resources. This involved skill building opportunities, simulation, and experiential learning to support the PSAs in their role and further benefit the students that use the service. PSAs were provided with training notes (PDFs of the PowerPoint slides), including handouts for each day's training sessions, risk and escalation processes, project documentation, and two key documents: the *Clinical supervision manual* and the *Peer Support Advisor manual*.

**Table 1**

*Overview of Training Course Content*

Day	Workshop: Key Module Content	Objectives (Brief)
1	Introduction to the TLR Peer Support Advisor role	Core competencies, principles, roles, and responsibilities of a PSA.
2	Aboriginal Mental Health First Aid	Learn the skills to speak openly and accurately about mental health.  Recognise the warning signs of mental health problems in other adults.
3	Aboriginal Mental Health First Aid	Respond to a range of crisis situations where an adult may be at risk of harm.  Reduce stigma and increase support for adults experiencing, and living with, mental health problems.
4	Core knowledge, principles, and approaches	Guest presenters from across the university.
5	TLR simulation and experiential learning	Includes self-care and reflection, data collection, and clinical framing.

## Method

### *Study design*

A pre-test, post-test study design was implemented to assess the impact of a five-day intensive training program on the attitudes and knowledge of PSAs. The study aimed to evaluate any changes in the participants' attitudes and knowledge following their participation in the training program. Prior to the commencement of the training, participants completed a pre-test survey to establish their baseline attitudes and knowledge levels. This initial assessment provided a benchmark against which to compare post-training outcomes. Following the completion of the five-day intensive training, participants were asked to complete a post-test survey. This survey aimed to gauge any improvements or shifts in attitudes and knowledge because of the training program. A Likert-style scale, which typically includes options such as agree, neutral, and disagree, was used to measure participants' attitudes, perceptions, and experiences regarding the training and related topics. This structured approach helped the researchers quantify and analyse the varying degrees of agreement or disagreement among the study participants. In the study, no participants indicated disagree or strongly disagree responses in their ratings.

Additionally, a feedback and evaluation survey using the Qualtrics platform was administered to gather participants' perspectives on the training program. This survey sought to capture insights on various aspects of the training, including content relevance, delivery methods, effectiveness of facilitators, and overall satisfaction. The feedback and evaluation survey allowed participants to provide detailed feedback on their learning experiences, highlighting areas of strength and areas for improvement. These data were crucial in informing future iterations of the training program, ensuring its continued effectiveness and relevance.

### ***Recruitment sample***

Training was mandatory and all PSAs were invited to complete the pre and post testing. Of the 13 PSAs, 11 chose to participate in the testing.

### ***Informed consent***

Participants were given the opportunity to make an informed decision as to whether to proceed, based on their review of the survey, the study aims, and the objectives of study surveys and training. A referral to ask any questions to the lead and/or the associate researcher were also outlined. Consent to participate in the surveys was acknowledged in a consent statement before access to each questionnaire.

### ***Data collection instruments***

The pre- and post-test survey was a measure of the attitudes and knowledge of the peers prior to training and to measure post-training responses of the same. The questions in the survey were designed to match the main objectives of the training program—to show specific measure of pre/post knowledge. To allow for the matching of pre-test and post-test scores, participants were asked to create a unique identification code.

The post-training evaluation survey sought to determine participant perspectives on whether the training objectives had been met, satisfaction with the location of the training venue, and engagement of the presenters. Both qualitative and quantitative measures across both surveys were used to assess changes in knowledge, skills, and confidence; feedback on training structure, content, and ease of understanding; strengths and weaknesses; and suggestions for future training. The inclusion of additional open-ended questions in the post-training evaluation survey questionnaire gave peers the opportunity to make further comments or suggestions concerning the training program.

### ***Ethical considerations***

This study was approved by the university's Human Research Ethics Committee (REMS No. 2023-04938 COLE). PSAs were instructed to review the participant information form before gaining access to the pre-test and post-test surveys electronically via an external weblink. The link was emailed to all participants. Upon accessing the link, participants were required to submit an acknowledgment of consent before proceeding to the initial survey question.

The study's description adhered to the checklist outlined in the Checklist for Reporting of Survey Studies (CROSS) guidelines (Sharma et al., 2021).

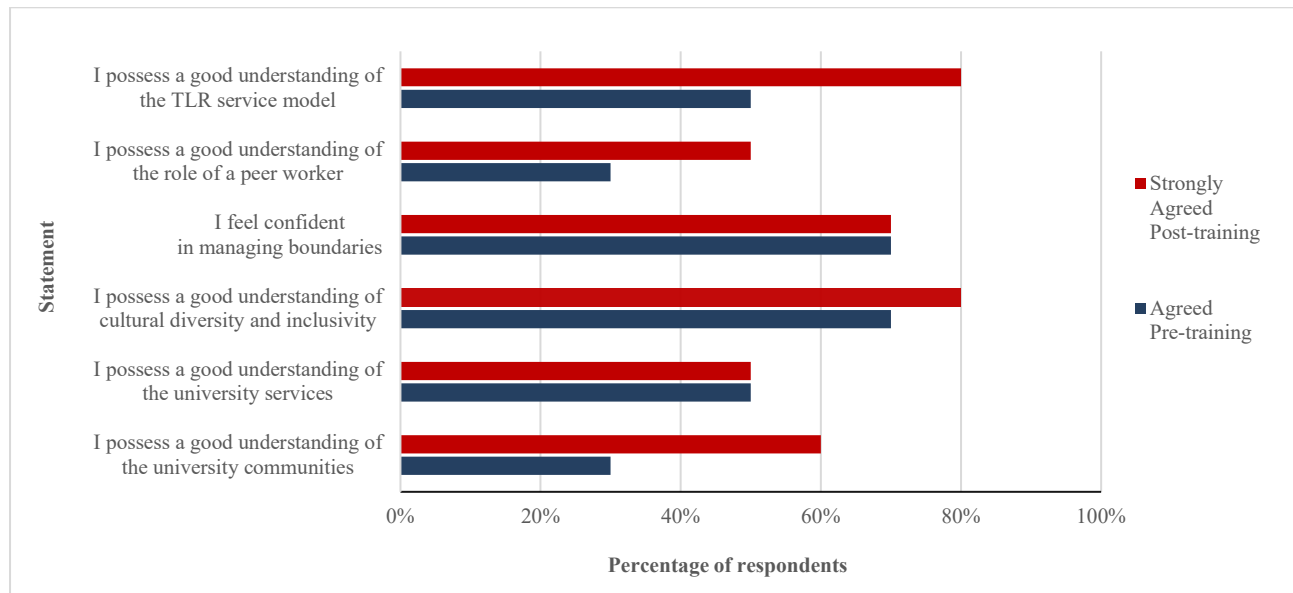
## Results

### *Quantitative data: pre- and post-test surveys*

Survey results highlighted several key trends, including increased knowledge of the role and service model, mental health skills, and confidence in boundary setting. Figure 1 is illustrative of notable trends and should be viewed in conjunction with the subsequent discussion of results.

**Figure 1**

*Peer Support Advisor Questionnaire Responses Pre- and Post-training*



Before the training, a substantial proportion of participants reported a neutral stance (40%) or agreement (50%) regarding their understanding of the TLR service model. However, after completing the training program, 80% strongly agreed that they possessed a good understanding of the model. This transition from neutrality and agreement to strong agreement underscores a significant improvement in comprehension following the training. It also implies that the training information effectively equipped them with comprehensive insights into the intricacies of the TLR model of service, enhancing their ability to engage with and support their peers.

PSAs' confidence in understanding the role of a peer worker demonstrates noteworthy trends. Prior to the training, most participants expressed a neutral stance (60%) or agreement (30%) regarding their confidence in understanding this role. Following the completion of the training, a significant shift occurred, with 50% of participants strongly agreeing that they felt confident in understanding the role of a peer worker and the PSA role specific to TLR. This move towards stronger agreement post-training suggests that the training program bolstered the peers' understanding of their role, empowering them with a greater sense of confidence in fulfilling their responsibilities as PSAs.

Prior to the training, 70% of participants expressed agreement with feeling confident in managing boundaries in their role. However, following the training, 70% conveyed they strongly agreed that they felt confident in managing boundaries. Despite this consistency in confidence levels before and after training, there was a subtle yet discernible shift. This suggests a reinforcement and a deepening of knowledge regarding their ability to effectively navigate boundary-related challenges in their role as peers, such as transference and countertransference.

Regarding the PSAs' understanding of cultural diversity and inclusivity, both pre- and post-training data demonstrate interesting patterns. Prior to the training program, 70% of participants agreed and

a smaller proportion (20%) strongly agreed that they had a good understanding of cultural diversity and inclusivity. Following training, 80% of participants strongly agreed they had a good understanding of these concepts, indicating a notable improvement. This transition towards stronger agreement post-training suggests enhanced understanding of cultural diversity and inclusivity, equipping participants with the necessary insights and skills to navigate diverse cultural contexts and promote inclusivity.

Regarding PSAs' knowledge and experience of university services to support students, half the participants expressed a neutral stance pre-training, while the other half agreed with feeling confident in their knowledge, experience, and types of university services available. Post-training, 50% of those who had initially expressed neutrality strongly agreed that they were now confident in their knowledge of university supports and services. This shift indicates that students considered their knowledge in this respect had increased substantially.

In evaluating the PSAs' knowledge of available university communities for students, the data collected before and after the training program reveal noteworthy trends. Initially, participants' responses were diverse, with agreement (30%) and neutrality (40%) being the most prevalent. Post-training, responses showed a marked transformation, with many participants (60%) strongly agreeing that they felt confident in their understanding of available university communities for students. This contrast highlights a considerable increase in the number of participants who strongly agreed post-training, indicating a development in their comprehension and awareness of university communities. The training program appears to have effectively enriched the peers' familiarity with the various communities and resources accessible to students within the university setting. This strengthened their ability to connect peers with relevant support networks and foster a supportive campus environment.

The data collected before and after the training on PSAs' confidence in responding to and seeking help for disclosures of sexual harm reveal interesting insights. Initially, participants' responses varied, with neutrality (60%) being the most prevalent. There was a pronounced increase following training, with 60% of participants strongly agreeing that they felt confident in their ability to handle disclosures of sexual harm with greater assurance and competence. This contrast indicates a substantial improvement in their confidence levels and knowledge to respond appropriately and seek help for students disclosing experiences of sexual misconduct. Their capacity to provide effective support was thereby enhanced.

Initially, the participant responses on knowledge of MHFA principles were diverse, with neutrality (60%) being the most prevalent. Responses significantly altered post-training, with 50% of participants strongly agreeing that they felt confident in their understanding of the principles of MHFA. This contrast highlights a considerable increase in the number of participants who strongly agreed post-training, indicating the benefits of undertaking MHFA and its inclusion in the PSA training program.

The data on PSAs' understanding of the mental health continuum pre- and post-training reveal intriguing patterns. Initially, participants' responses varied, with agreement being the most prevalent (50%). After the training, a considerable variation in responses took place, with 70% of participants agreeing that they felt more confident in their understanding of the mental health continuum. This contrast indicates a discernible movement towards agreement post-training. While this may not be as dramatic a change as observed in other areas, the training program effectively enhanced PSAs' comprehension of the continuum between mental health and mental illness. This would enable them to better support their peers in navigating mental health challenges in TLR.



The data collected before and after the training program regarding participants' understanding of trauma-informed care principles in mental health care reveal significant trends. Initially, participants' responses were diverse, with the most prevalent being agreement (40%). A clear change in responses was evident after the training, with 90% of participants agreeing that they had a good understanding of trauma-informed care principles. This contrast highlights an increase in the number of participants who agreed post-training, highlighting a substantial enhancement in their comprehension levels.

A large proportion of participants expressed neutrality regarding their understanding and confidence in key areas related to the PSA role in TLR. For instance, 40% of participants initially held a neutral stance regarding their understanding of the TLR model of service, while 60% expressed neutrality towards their confidence in managing boundaries. However, there was an increase in stronger agreement and confidence levels post-training. Specifically, 80% of participants strongly agreed that they had a good understanding of the model and 70% strongly agreed that they were confident in managing boundaries. Additionally, there were consistent increases in confidence levels across various domains, such as understanding the peer worker role (from 30% pre-training to 50% post-training), knowledge of available university communities for students (from 10% pre-training to 60% post-training), and understanding of trauma-informed care principles (from 10% pre-training to 90% post-training).

In summary, the comparative analysis of the attitudes and knowledge of PSAs before and after undergoing a five-day intensive training program reveals significant improvements across all aspects of their role.

Whilst this is a small study sample, these findings still highlight the significant impact of the training program in enhancing the knowledge, skills, and confidence of PSAs. This positions them well to effectively support their peers in navigating mental health challenges within TLR, the context of their role, and in the broader university community.

## Discussion

Peer support training, with a specific emphasis on the intersection of mental health and university life, brings forth numerous advantages for students at university (Hayman et al., 2022). The focus of this training was to equip PSAs with the tools and insights needed to foster a supportive environment, particularly concerning mental health issues. The training placed a crucial emphasis on providing tailored emotional support, extending beyond academic concerns to navigate conversations on mental health challenges, uncertainties, and subjective experiences. PSAs were well prepared to offer tailored assistance to students navigating conversations around the complexities of daily life and university life. The training emphasised the role of PSAs in advocating for proactive mental health intervention and promoting student wellbeing by enabling them to recognise early signs of mental health issues for timely intervention and referral. Additionally, the training supported PSAs in promoting overall student wellbeing through their actions and initiatives.

The program extensively addressed ethical and emotional boundary considerations, including discussions on transference, countertransference, maintaining peer integrity, collaborating with colleagues, and emphasising the importance of clear role boundaries. These discussions aimed to reduce the likelihood of peers facing situations for which they may not be adequately prepared. AMHFA equipped PSAs with foundational elements for understanding common diagnoses, approaches to assessment, seeking help, and making referrals. Qualitative feedback highlighted that the "AMHFA training was incredibly useful, I am really glad we did Aboriginal Mental Health as it is so important to be inclusive to First Nations people as well as everyone else". While another

participant stated, “Mental Health First Aid training was the best part”, emphasising its usefulness in equipping them with essential skills to support peers in distress. The significance of inclusivity was also highlighted, with participants acknowledging the importance of addressing the mental health needs of First Nations People alongside other students.

Harnessing the capacity of university peer support via MHFA serves as a systematic approach to bolstering awareness, and preventing and addressing mental health challenges (Mantzios, 2020). Further, empowering peer support is particularly important during pivotal phases of recognising the significance of mental health, particularly in emerging adulthood. PSAs acquired enhanced mental health knowledge, enabling them to comprehend and have a “tool kit” of skills to handle severe mental health conditions among students at potential risk, who may need professional intervention either on campus or in the community. In the first instance, the PSA training program has effectively equipped peers with the necessary knowledge and skills to recognise and respond to mental health crises, thus, enhancing their ability to provide informed and effective mental health support within TLR.

Peer Mental Health First Aiders are able to identify mental distress in their peers and have a keen understanding of the student experience. This enables them to empathise effectively and offer suitable, sensitive, and timely guidance by directing individuals to self-care resources or professional support services (Mantzios, 2020). The acquired knowledge and skills from this course are also applicable beyond the PSA role, extending to their broader network and community support outside the university setting. Developing a tailored training program for PSAs that not only fosters peer support skills but also enhances employability skills is essential for preparing peers to effectively navigate diverse professional settings and contribute meaningfully to the field of mental health support. Implementing the training to assess its effectiveness in improving PSA knowledge, attitudes, and life is important as these are also skills relevant to future work (Hayman et al., 2022). Participation in such initiatives as this training program can contribute to the development of transferable skills essential for future employment and overall life success (Connolly, 2017). This study provides insights into the broader impact of peer support training beyond its immediate context, emphasising its relevance to participants’ professional and personal growth.

This comprehensive approach ensures PSAs acquire a robust skill set that aligns with the PSA role in TLR and empowers them to make a positive impact in both peer support and broader professional contexts.

Emphasising the creation of an inclusive, destigmatised, and welcoming environment in TLR was a pivotal aspect of the training. This can encourage students hesitant to seek professional help to engage in conversations about mental health with peers who understand their experiences and university journey. While providing support, PSAs can bring a wealth of diverse perspectives, enriching their role with a variety of experiences. TLR itself transcends the traditional model of mental health care on university campuses by creating a nurturing ecosystem that prioritises accessibility, inclusivity, and holistic wellbeing. Through its multifaceted approach, it not only addresses the immediate needs of students but also empowers them to thrive within the university community and beyond.

The participant narratives also shed light on the practical application of learned skills in handling diverse student scenarios. Participants expressed confidence in their ability to escalate and address different situations effectively, drawing on the strategies and techniques learned during the training. They emphasised the value of case scenarios in providing a practical understanding of how to navigate challenging circumstances and offer meaningful support to fellow students. Furthermore,

participants highlighted the holistic nature of their training and learning experience, emphasising the value of the training. Feedback included, “I found every single day to be valuable in different ways, I wouldn't be able to pick a particular part” and “there wasn't any parts that I didn't find valuable or helpful in some way”. From the AMHFA training to meeting representatives from various university services, each component contributed to their overall growth as PSAs. The interconnectedness of these experiences emphasises the importance of a multifaceted approach to training, ensuring participants are well-prepared to fulfill their roles effectively.

The peer training places a strong emphasis on community building, which further contributes to a supportive environment that positively impacts mental health and overall student success. PSAs learn strategies to facilitate meaningful connections among students, contributing to a supportive community that offers comfort and encouragement. This sense of community has a direct positive impact on mental health and overall student success. As ambassadors for TLR, PSAs play a crucial role in raising awareness among students at University Supports and services related to mental health. A recurrent theme in the PSA narratives was the comprehensive understanding gained regarding the numerous services and supports available at the university. Participants appreciated the opportunity to learn about these resources through service presentations and interactions with representatives from different university services. Five peers acknowledged that learning about the university supports and meeting the teams was most valuable in undertaking their role and the training. Participants highlighted various aspects of the training they found valuable. One participant stated, “Learning about all the different supports that the university offers”. Another mentioned, “The service presentations provided the knowledge of what is available”. A third participant added, “Meeting all the other services and associated case scenarios was most valuable”. This newfound knowledge empowered them to better assist the peers in accessing appropriate support systems tailored to their individual needs.

## Limitations

Acknowledging the advantages of the peer support training is incomplete without recognising its limitations.

- Challenges involve the complexity of mental health issues, as the training may not fully equip PSAs to address or manage the unpredictable and multifaceted nature of real-life situations related to mental health in the scope of their role. Subsequent professional development opportunities may be needed to supplement the initial training. Due to varied student cohorts, training might not sufficiently account for the diverse and evolving mental health needs of university students.
- There is a risk of skill retention challenges among PSAs over time, as ongoing reinforcement, peer turnover, and support mechanisms may be necessary to maintain their effectiveness and own mental wellbeing.
- The study sample was small ( $N=11$ ); findings and successes of this approach may not be entirely generalisable to other universities with different student demographics, cultural contexts, or resource capacities.
- Quality improvement and ongoing evaluation, assessment, and adaptation of the program would be recommended to address these potential challenges and enhance the overall effectiveness of the training program.

Other universities may show different findings in implementing a similar peer advisor training program, using the same approach. Understanding these limitations is crucial for refining the peer support training program and optimising mental health support strategies for university students.

## **Recommendations**

To address these limitations, several recommendations are proposed.

- Enhancing training modules with more real-life case scenarios from day one of the program would offer several benefits. It would enhance the relevance and practical applicability of the training by providing PSAs with exposure to realistic situations they may encounter in their roles. This would help them develop and scaffold critical thinking skills and problem-solving abilities early on. Integrating real-life case scenarios into training earlier enriches the learning experience, better equipping PSAs to “connect the dots” in learning and knowledge as the week of training progresses.
- Establishing regular check-ins for PSAs and allowing for debriefing time (daily) are critical steps for handling, and subsequently managing, sensitive issues. Daily debriefing sessions provide PSAs with a structured opportunity to process and address any sensitive issues or challenges they encounter in their roles, helping prevent burnout and emotional fatigue. Formal and informal discussions, debriefing, and monthly structured clinical supervision are recommended as key supports for PSAs.
- Self-care is essential for PSAs to maintain their wellbeing and effectiveness in their roles. To ensure PSAs are supported in their self-care efforts, the TLR team and the broader university can implement strategies, such as regular check-ins with supervisors, workshops or training on stress management and self-care techniques, and fostering a supportive team environment where PSAs feel comfortable discussing their needs and challenges.
- Evaluating the impact of peer support training through feedback mechanisms and continuous improvement initiatives will be essential for continuous evaluation and refinement.
- Integrating peer support principles into broader university policies is essential to create a comprehensive and adaptable support framework.

By implementing and embracing these recommendations, universities can further fortify their PSA programs, ensuring PSAs play a vital role in fostering mental health and wellbeing across diverse student populations. This iterative and adaptive approach is crucial for the sustained effectiveness of the program in meeting the evolving needs of the university community.

## **Conclusion**

The emphasis on peer support training at university, particularly at the intersection of mental health and university life, presents a promising avenue for enhancing student wellbeing. Findings from this study showed the program was well received by participants and reinforced the importance of a tailored peer training program for low-barrier mental health models in higher education. The training equipped PSAs with essential tools to foster a supportive environment, addressing various mental health issues prevalent among university students. The successful implementation of TLR's five-day peer support advisor training program at ECU demonstrated significant increases in participants' confidence in boundary setting, MHFA, and university support systems. This training equipped PSAs to play a crucial role in promoting mental health benefits for university students beyond academic guidance. Comprehensively trained PSAs serve as vital bridges between students and support services, fostering a supportive environment that promotes understanding, value, and connection among students and contributes to a healthier and more inclusive university community.

### **Declaration of interest**

The authors declare that they have no conflict of interest.

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