Youth and Young Adult Peer Support

Expanding Community-Driven Mental Health Resources

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Acknowledgements

MENTAL HEALTH AMERICA

Founded in 1909 by Clifford W. Beers, Mental Health America (MHA) is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all. MHA's work is driven by its commitment to promote mental health as a critical part of overall wellness, including prevention services for all; early identification and intervention for those at risk; integrated care, services, and supports for those who need them, with recovery as the goal.

ABOUT WELL BEING TRUST

Well Being Trust is a national foundation dedicated to advancing the mental, social, and spiritual health of the nation. Created to include participation from organizations across sectors and perspectives, Well Being Trust is committed to innovating and addressing the most critical mental health challenges facing America, and to transforming individual and community well-being. For more information, visit wellbeingtrust.org.

DISCLAIMER

Executive Summary

The Biden Administration and the U.S. Surgeon General have called for coordinated and urgent action to address the current youth mental health crisis.[i, ii] Years of increasing depression, anxiety, suicidal thoughts, and other issues related to mental health among young people have only worsened as a result of the COVID-19 pandemic.[iii] The pandemic, along with increased national attention to racial injustice and anti-LGBTQ+ legislation, has especially impacted the mental health of LGBTQ+ and Black youth.[iv, v] Increases in young people's distress have coincided with advocacy and public education campaigns telling youth to reach out for support. Yet, when they do, many young people and their families are met with the reality that there is little and limited help available.

Youth and their families may experience long wait times to access services or only receive supports once they experience a mental health crisis that results in the use of emergency departments or interactions with police.[vi, vii] Even when youth have access to care, many find services incomplete, irrelevant, unappealing, or unsafe. The absence of responsive resources is due to a combination of factors, including:

- A behavioral health workforce shortage,[viii, ix]

- Limited insurance coverage of mental health services,[x]

- Lack of diversity among mental health clinicians,[xi]

- Lack of culturally and linguistically responsive, appropriate, and effective services and support,[xii]

- The history and presence of racism, homophobia, and other forms of discrimination by mental health providers and within systems and institutions,[xiii, xiv, xv, xvi]

- An absence or underrepresentation of youth in decision-making about mental health services, supports, and system design, and

- Experiences of harm or mental health services that otherwise do not meet a young person's needs.[xvii]
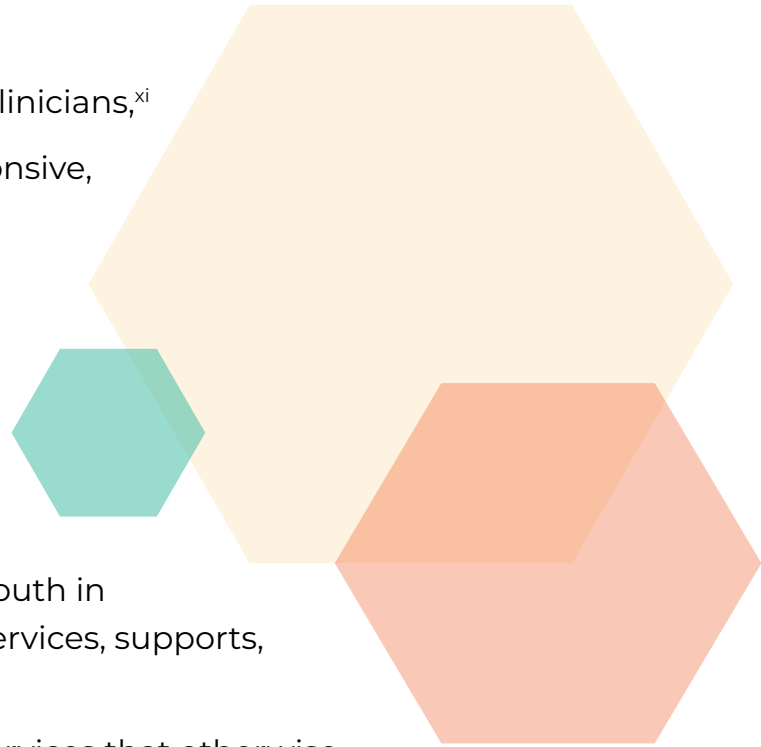
Considering all of these difficulties—the amount of time, resources, and policy change necessary to expand traditional services and models—the needs of young people who are in crisis now cannot be met by simply expanding what already exists.

For decades, the lived experience movement in the United States and community-led efforts across the globe to address mental health needs have pointed to these system failings. As individuals who were often met with either harmful or nonexistent resources, people struggling with their mental health found that peers and their communities were essential in not just understanding their challenges but also building solutions. These peer and community-driven solutions provide effective support outside of traditional health care systems as well as support culture change within existing health care systems. The evidence supporting the power of peers and community members exists alongside the growing movement of young people who want to make a difference in the lives of their peers. While policymakers and advocates, including those with lived experience, continue to address the broader issues in youth mental health systems mentioned above, we must tap into the desire of young people to support other youth and make change.

Young people already turn to each other for help. Many youth are interested in learning skills to support their own well-being and to better support their friends. As a result, peer support programs and resources are in demand. Peer support programs can empower youth to provide mental health support, reduce isolation, increase self-help skills, and empower other youth. Additionally, youth involved in peer support programs and leadership roles can help create systems of services that better meet young people's needs in the ways that matter to them. With increased attention and investment in youth mental health, youth leadership is essential to make sure we do not use new resources to scale the same problems.

To change the trajectory of the youth mental health crisis, leaders and decision-makers, including and in partnership with young people, must:

- **Invest in training to help ensure all young people have skills to promote mental health and support their peers;**

- **Integrate mental health promotion and peer support programs wherever young people spend their time; and**

- **Embed youth peer support specialists into all youth-serving systems.**

Challenges and Opportunities in Youth and Young Adult Mental Health

The COVID-19 pandemic exacerbated an already worsening youth mental health crisis. Decades of increased rates of depression, anxiety, and suicide attempts among young people quickly rose during 2020, and young people will likely continue to face challenges as the world changes in response to COVID-19. The pandemic, alongside growing attention to issues of racial injustice and anti-LGBTQ+ legislation, has especially harmed LGBQT+ and Black youth since the start of the pandemic.[xviii, xix]

Struggling young people have been met with campaigns that tell them to reach out for support and initiatives that train community members to identify signs of distress in others. However, programs focused on referring youth and families to mental health services lead many to discover a wide range of problems once they ask for help. They may not be able to find a mental health professional taking clients or accepting insurance in their area. Some find that one hour a week of therapy is insufficient to meet their needs. Others discover that, while services help, they face stigma from family members or discrimination at school. Additionally, many young people and their families may not want to access services due to the institutional discrimination present in systems and services that especially harm Black, Indigenous, and people of color (BIPOC) and LGBTQ+ youth.

Despite the complexity of problems faced by young people and families looking for help, solutions-focused conversations about youth mental health often center on simply building more of what we have or adjusting what we are already doing. Examples of these issues include addressing workforce shortage areas, high costs of services, and lack of diversity among mental health clinicians. Of course, it is important to address gaps and make improvements in our current services, but any approach that focuses only on expanding the traditional behavioral health workforce will take years and massive policy changes to succeed.

Further, these approaches risk scaling systems and services that we know often ignore the perspectives and solutions offered by young people, who have unique and critical insight into what is most relevant for them and their peers. With growing demand and long-term systems-level difficulties, we now have the opportunity to examine assumptions in systems, service design, and policy with and from the perspective of young people.

We know that youth and young adults turn to their peers for support and often favor self-help tools to empower themselves to feel good.[xx] A Mental Health America survey also found that young people want mental health resources embedded into daily lives, with many hoping to learn skills to support themselves, their peers, and their communities.[xxi] To make sure we invest in what people want during a period of increased investment in youth mental health, we must tap into young people's understanding of problems and desires to help their peers and transform their communities.

The Importance of Peer Support and Lived Experience Leadership

Decades of leadership from individuals with lived experience of mental health challenges and research from global mental health demonstrate that mental health support does not necessarily need to be provided within a clinical setting or by clinicians to improve outcomes.[xxii, xxiii, xxiv] In fact, effective community-driven programs are often created in response to an absence of available, responsive, or holistic traditional services. While expanding access to and quality of clinical mental health support is essential, non-clinical mental health support can serve as an effective alternative or supplement for individuals experiencing mental health challenges. For example, a person who is struggling with mild to moderate depression may benefit from receiving mental health education and learning coping skills from a trusted community member and not require more specialized clinical support. Alternatively, someone returning to the community following inpatient psychiatric services may benefit from receiving support from others who have successfully navigated the challenges that come with this transition.

In the U.S. mental health movement and mental health systems, the concept of non-clinical mental health support is largely rooted in the experiences of individuals during deinstitutionalization in the 1970s. The abuse that occurred within psychiatric hospitals and a lack of available outpatient resources for individuals leaving institutions led people with lived experience to create supportive communities outside of formal structures.[xxv] Human rights, empowerment, and mutuality were key values that shaped their creation of new resources and transformation of existing systems using non-clinical staff and support. Current formal and informal mental health peer support programs are often a continuation of this movement and have transformed beliefs about who can provide support, who should design resources, and what people need to live the

lives they want. These programs are not clinical tasks performed by people with lived experience; rather, they represent a distinct way of relating through mutuality and skills, like sharing one's personal story, providing emotional support, connecting individuals to community resources, and sharing strategies that promote well-being. Formal peer support programs have been shown to improve mental health outcomes, including depression, substance use, empowerment, and hope.[xxvii]

Whether or not someone is connected to clinical services or has received a formal mental health diagnosis, people are often faced with opportunities to help respond to the mental health-related needs of those closest to them in their daily interactions. And, when seeking support, individuals may be more trusting of the people around them or with shared experience. There is growing research that underscores the unique healing mechanisms of interactions with trusted contacts and the benefits of support provided in a comfortable setting that may not be achieved through clinical encounters due to the nature of those relationships. These barriers may come as a result of power dynamics, lack of contextual understanding, and time constraints.[xxviii] The concept of laypeople providing mental health interventions, sometimes referred to as community-initiated care, has gained traction with many examples coming from outside of the U.S. One example is the Friendship Bench in Zimbabwe, which trains laypeople in cognitive behavioral therapy and problem-solving therapy to support community members experiencing mental health challenges.[xxx]

These nonclinical and community-driven approaches are especially important for youth, as they are most comfortable turning to their peers, often motivated to support their friends, and aware of rapidly changing youth culture.[xxxi] They are also living in a world different from anything that older generations have experienced due to factors like the COVID-19 pandemic, the permeation of social media, the existential threat of climate change, and social justice movements including addressing racism, homophobia, and transphobia in U.S. culture and systems. As a result, resources and approaches may fail to integrate young people's concerns and the way they relate to one another and understand the world. This distinct experience makes youth leadership and inclusion especially important, and, just as in adult-focused peer support and community-initiated care, youth must be viewed as an equal partner and leader in developing these solutions.

Peer Support in Youth Mental Health

There are multiple ways people discuss peer-to-peer or peer support that should be considered in creating communities with comprehensive youth mental health resources and programs. First, some initiatives focus on training young people to serve as "gatekeepers" to identify signs of distress and refer their peers to professional services. While these trainings are more common, they often use a risk mitigation approach and may leave young people feeling their only option is to refer friends to resources their friends do not want or have access to.

Second, some initiatives train young people to educate their peers on the basics of mental health. These trainings or programs may give young people tools to provide emotional support as well. Finally, formal peer support specialist services and programs utilize young people with lived experience of mental health challenges or other systems, who typically receive training and certification, to provide resources attached to formal systems or community-based organizations. While the term "peer" often refers to age in the context of youth peer support, peer support specialist services typically focus on the intersection of age and trauma, mental health conditions, substance use disorders, or systems-use, like juvenile justice or foster care.
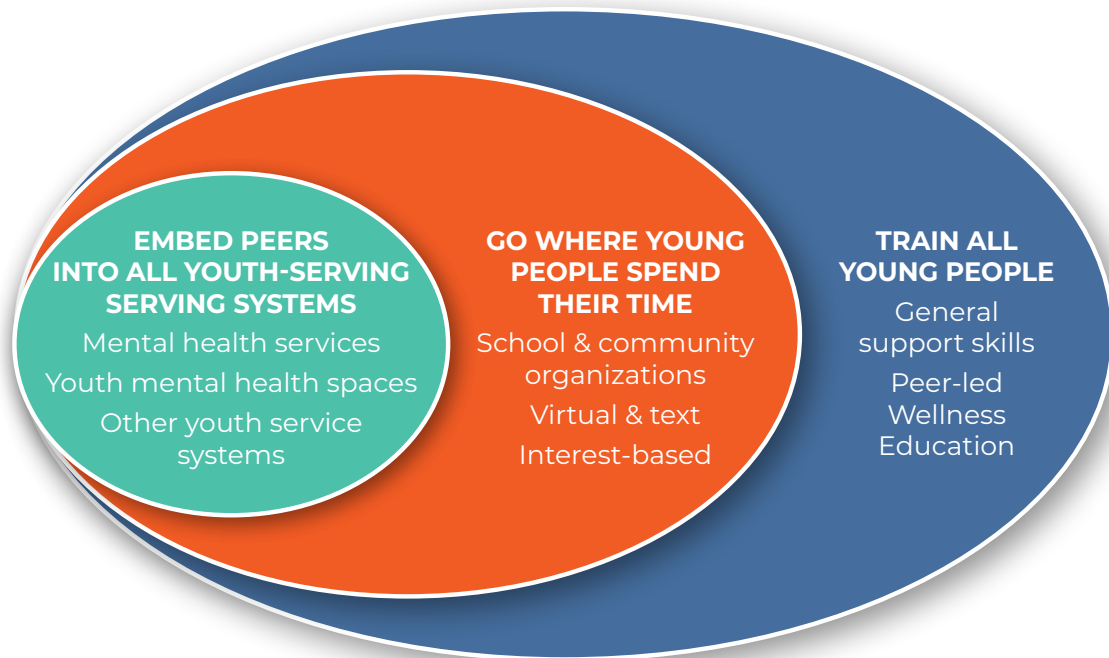
Leaders and community members may view these peer support initiatives as separate, which can result in a lack of coordination and knowledge across efforts. However, communities should work together to coordinate a full continuum of youth peer support programs to meet young people's needs more comprehensively, as an absence of support in any of these areas can negatively impact youth. For example:

- A high school athlete receives comprehensive clinical services that include a youth peer support specialist. Yet, his teammates make disparaging statements about mental health and treat him differently because they found out he attempted suicide.

- A teen experiencing homelessness spends a lot of their time receiving support from their friends. However, they are reluctant to use mental health and social services because they were traumatized by a police interaction that led to a psychiatric hospitalization. They may benefit from the support of a youth peer specialist to better engage and navigate resources and find community.

- A community college student loves her mental health clinical care team but is struggling in between therapy sessions. With working, being a parent, and going to classes, she has a hectic and changing schedule and wishes there were someone she could text who can relate to her mental health challenges.

A Comprehensive Approach to Youth Peer Support

EMBED PEERS INTO ALL YOUTH-SERVING SERVING SYSTEMS
Mental health services
Youth mental health spaces
Other youth service systems

GO WHERE YOUNG PEOPLE SPEND THEIR TIME
School & community organizations
Virtual & text
Interest-based

TRAIN ALL YOUNG PEOPLE
General support skills
Peer-led
Wellness
Education

Youth, governments, nonprofits, community leaders, and other decision-makers are increasingly interested in tapping into the power of young people to transform youth mental health. To comprehensively support young people, leaders should invest in a full continuum of young person-driven resources to help ensure young people have access to supportive relationships, communities, and resources to help them thrive.

Building full spectrum peer support initiatives and programs for young people can create resources that are more engaging and responsive to their wants by tapping into their strengths, preferences, and communities. This shift means less strain on systems and more empowerment for young people no matter where a person falls on a spectrum of mental health or in a youth-serving system. It also acknowledges that just because someone is accessing intensive mental health services does not mean they do not need the supports provided by more informal programs. Community-wide approaches that empower young people with tools and information wherever they are can help change culture, perspectives, and relationships in a way that expanding traditional services cannot.

Additionally, multiple options for youth peer support programs can more specifically meet the needs of communities. The framing and language that is effective with specific subpopulations in the same city, town, or school can vary greatly. These youth-led and peer support initiatives can tailor resources based on existing trust and insight into the dynamics, values, and norms in their focus area. For example, in a high school, an arts collective may choose a very different approach to student-led mental health programs than a football team, even if both communities would benefit from peer approaches.

Investing in these resources can help transform culture and provide comprehensive support wherever a young person is. To change the trajectory of the youth mental health crisis using peer approaches, leaders and decision-makers, including and in partnership with young people, must:

- Invest in training to help ensure all young people have skills to promote mental health and support their peers;

- Integrate mental health promotion and peer support programs wherever young people spend their time; and

- Embed youth peer support specialists into all youth-serving systems.

Train all young people to promote mental health and support their peers

Many young people report lacking the language to describe their challenges as a major barrier to reaching out for support, and they want access to tools to help them care for their own mental health. They may also be unsure how to respond if they notice a friend in distress or if a peer asks them for support. To address this, all young people should have access to training that empowers them to talk about mental health and support themselves and their peers. To do this, leaders must prioritize training youth in general support skills and promoting peer-led education.

General Support Skills:

General support skills programs train young people to provide emotional support and, if necessary, refer peers to formal services. While all young people should be equipped with these tools, communities may also identify specific young leaders for their peers to go to for support.

Example:

- **V-A-R:** V-A-R (Validate-Appreciate-Refer) is an everyday tool for everyday conversations that teaches young people to show up for one another in meaningful ways.

Peer-led Wellness Education:

Young people in many schools and communities provide mental health education and support to other young people. While not formal peer support programs, these peer-to-peer education programs can be effective at teaching young people new skills and increasing conversations about mental health and well-being.

Example:

- **Mind Body Ambassadors:** Mind Body Ambassadors is a young person-led organization dedicated to teaching mind-body skills to high school students and beyond.

Integrate peer support and mental health promotion wherever young people spend their time

Young people should have mental health supports and tools embedded into their daily lives. Instead of forcing young people to build their lives around clinical services, resources can be developed in fun ways in places where youth spend their time and connect with others.

School-based Mental Health Clubs and Organizations

School-based peer support programs provide young people with mental health support in a location where they spend most of their time. These programs should have youth at the center of the design. Programs can function to provide safe spaces for young people to go (e.g., support groups, social events, drop-in hours), skill-building (e.g., educational events, direct peer support), individual advocacy (e.g., navigating disability resources, crisis referral, understanding mental health rights), and policy change (e.g., joining broader coalitions, meeting with community, state, and national policymakers). School-based peer support programs can offer one-on-one peer support or group-based support. They may work with clinicians like school counselors or choose to remain entirely separate from mental health professionals.

Examples:

- **Project Lets:** Project Lets builds peer-led communities of support, education, and advocacy for folks with lived experience of mental illness, trauma, disability, and/or neurodivergence. Project Lets has college and high school chapters.

- **The Support Network:** The Support Network empowers college students across the country to create an inclusive community and support each other's identity, mental well-being, and day-to-day lives through peer-facilitated groups and bi-weekly community events.

Virtual + Text-Based Youth Peer Support

Tech-based peer support programs allow young people to receive support virtually, often at any time, in ways that are easily accessible to many. Text-based support is particularly important, as young people are accustomed to communicating via text and may lack privacy because they often live with others. Additionally, being able to share openly with someone they do not know may reduce the fear of private details being disclosed to peers in their personal lives. These virtual resources can be especially important for young people from communities affected by discrimination, like LGBTQ+ youth, who may not live in identity-affirming communities and only have access to support via online communities.

Examples:

- **Lean On Me:** Lean On Me trains college students on campuses across the country to provide anonymous text-based peer support.

- **Trill Project:** Trill Project is a social networking application that creates a virtual support community where everyone feels like they belong.

Interest-based Youth Peer Support Programs

Interest-based peer support programs meet young people where they are already enjoying themselves. As opposed to navigating resources that lead with mental health, they empower young people to connect with peers with shared interests and embed that support into their lives. Programs can train all members of a specific club or community in elements of peer support, provide specific leaders with training in peer support, or offer specific mental health programming, including support groups or mentorship programs.

Examples:

- **Own Your Roar:** Own Your Roar trains college student athletes to provide peer support and teach self-help skills, in addition to raising awareness about mental health among student athletes.

- **Creative Resilient Youth:** Creative Resilient Youth (CRY) is a creative art and leadership program giving Philadelphia-area teens a platform to influence the future of youth mental health care and education through collective art making.

### *Embed youth peer support specialists into all youth-serving systems*

Youth peer support specialists should be available to all young people wherever they are in formal services, including in mental health systems, foster care, and juvenile justice. This can include connecting youth to community support, teaching self-care skills, supporting systems navigation, and empowering young people to address mental health conditions.

Young People's Spaces for Well-being:

Young people rarely have spaces that are youth-friendly and responsive to youth culture. Young people's place-based peer support programs can fill this gap. This may include standalone physical spaces like Drop-in Centers. Young people may also prefer having spaces where they already spend their time, like in schools or existing community centers. These spaces allow young people to spend time with other young people, receive peer support, learn new skills, and connect with broader resources like housing services or education support. These spaces combine fun, community, and support in ways that are more accessible than traditional formal service settings that can be isolating or disempowering, particularly for young people who are distrustful of systems and providers.

Examples:

- **Zia Center:** The Zia Young Adult Access Center is a space that offers support, connections to services, and a community built around shared human experiences (societal and/or social class impacts like trauma, mental health, and substance use).

- **Oasis:** Oasis establishes mental health "oasis" rooms in Colorado high schools.
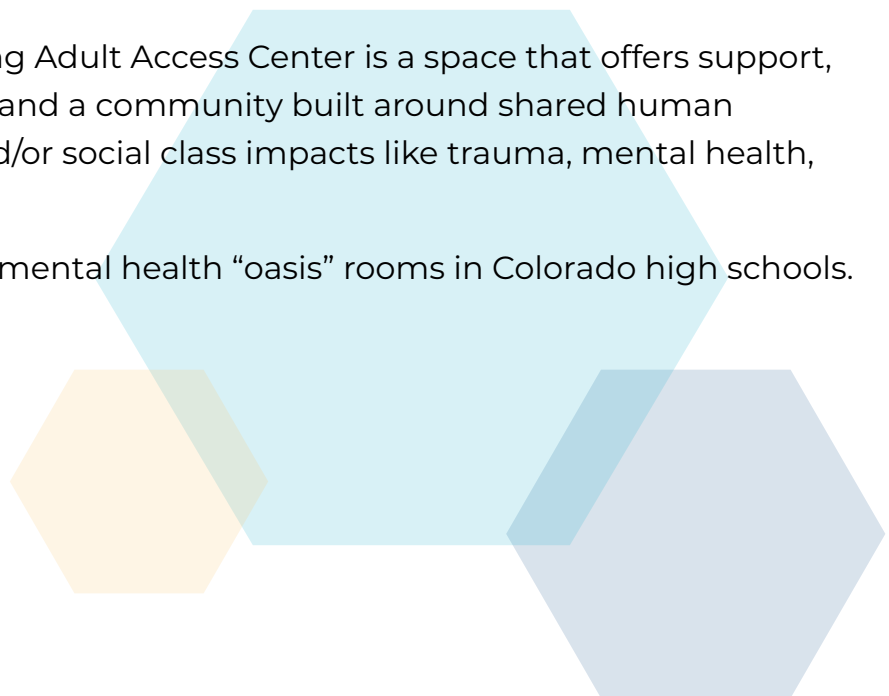
Mental Health and Health Services:

Young people's integrated peer support programs embed youth and young adult peer supporters in formal health care settings. The peer supporters work alongside clinical care teams. The peer supporters can be co-located in a specific health care setting, may provide support as part of clinical care teams like inpatient psychiatric units, or may serve as peer supporters in mobile crisis response. Peers employed in these roles may meet people in the community and support them through transitions of services including inpatient care and emergency department usage. Additionally, young people serving in peer roles gain important skills and empowerment.

Example:

- **allcove:** allcove centers serve young people ages 12–25, providing a unique space for them to access services, with resources and support for friends, family, and the larger community.

Youth-serving Systems:

Many young people are engaged with social services, the foster care system, and the juvenile justice system. These youth are often experiencing trauma outside of systems, and systems often fail or traumatize young people. Additionally, systems-involved youth may lack access to engaging or comprehensive mental health support. This absence of resources can keep youth stuck in systems that do not meet their needs and have long-term impacts on their mental health, well-being, and life outcomes. Embedding youth peer specialists within these systems can help young people better navigate systems, learn self-help tools, and build community.

Example:

- **Credible Messenger Model:** The Credible Messenger Model, run by the Officer Alumni Association in Georgia, supports young people who are incarcerated and aids them in returning to the community.

Key Considerations to Make a Difference

Recognize that young people and people with lived experience have insight that is equally valuable as insight gained from professional experience and education. Young people know what is happening on the ground and where gaps in resources and services exist. Youth bring expertise on their own experience and unique insight into the perspectives of their peers. This wisdom is especially valuable as the world is rapidly changing and vastly different now than when dominant systems and frameworks were designed. Collaboration and mutual respect are essential to create more responsive and engaging resources. Individuals and organizations must be invested in creating and maintaining cultures that share equal influence with young people, including in program design, decision-making, and resource allocation.

Partner with young people to map available resources, evaluate existing initiatives, and identify opportunities to fill gaps—including targeting youth who do not participate in youth leadership programs. Many young people and youth-serving organizations are leading the way in creating exciting programs and initiatives. Community leaders must bring together community members and young people to create a comprehensive picture of existing resources and programs and identify gaps. This approach means partnering with young people to develop more engaging pathways for youth involvement. It also means being strategic in obtaining input from young people who typically do not participate in advisory boards or community organizing initiatives.

Pursue academic, philanthropic, and programmatic partnerships to increase legitimacy, quality, and investment in peer support programs. Even though groups are making a difference, many community-based organizations, clubs, or collectives may have limited access to the power and financial resources that would allow them to demonstrate their effectiveness through research and publication. As a result, many face a gap in perceived legitimacy and investment because programs may not have evidence of their impact. This may also limit organizations' abilities to improve or replicate programs. This gap is especially profound for community-wide trainings and program-specific trainings, as much of the research in peer support is focused on the certified peer specialist workforce, particularly adult mental health services.

Expand research and data collection efforts to better assess factors and services outside of traditional clinical care delivery that contribute to outcome improvement. A greater understanding of the non-clinical, youth-led efforts that contribute to prevention, harm reduction, behavior change, and ultimately outcome improvement will help inform investment in programs and policy to work toward more equitable, accessible, and cost-effective solutions to broadly support the existing needs of young people. This includes identifying and measuring the outcomes that matter the most to young people.

Invest in equitable and diverse peer support programs. Core to the idea of peer support is a sense of shared identity and experience. Many youth, including LGBTQ+, BIPOC, and systems-involved youth, may not be represented in existing programs or may want spaces based on their specific identities or experiences, making it essential to invest in initiatives that center and respond to the need for specific support across diverse communities. In addition to creating identity-specific spaces for young people who want them, all programs should prioritize including equity in design, implementation and evaluation of programs.

Tackle liability culture by identifying and planning to address risks. Many individuals in leadership positions are reticent to support youth-led mental health programs out of fear of risk for participants or for legal liability. Leaders should explore and invest in policies that promote safety and autonomy for youth participants and equip program participants and leaders with the tools and guidelines for responding to crises.

Enhance reimbursement for youth peer workers and certified peer support specialists. Like the broader peer support specialist and community health worker fields, reimbursement rates and pay for youth peer supporters do not reflect the value of their work and are often not living wages. Payers, policymakers, and organizations must provide competitive pay that values their unique and critical contributions as opposed to viewing them as a low-cost alternative or supplement. As a field and approach that is poised to transform many things about traditional mental health services, it is imperative that pay reflect the value of peer support and incentivize peer workers to take and continue in these roles.

Consider youth peer support programs a critical part of enhancing and improving the mental health workforce. Many young people who participate in peer support programs or work in peer support roles do so because they are interested in making change and pursuing careers in the mental health field. The field of peer support is rapidly growing and poised to change the culture of mental health and other systems. Young people working in formal peer support roles should be equipped to pursue careers in peer support, including ensuring that settings and systems are adequately prepared to integrate peer support while maintaining its core values. As opposed to being viewed a "clinical lite" service or simply a means to fill gaps in the workforce, investing in the peer support specialist workforce should assure the policymakers, providers, and decision-makers understand its uniqueness and require fidelity to the core tenets of the peer support model and relevant distinctions for investing in youth peer support specifically. Alternatively, early access to all types of peer support programs may encourage young people to pursue other mental health-related careers like social work, psychiatry, or leadership roles in policy, advocacy, and community-based organizations.

Conclusion

Youth mental health is in a national crisis, and young people need support now. Traditional approaches to mental health lack a comprehensive understanding of the needs of young people and are impossible to scale at the rate necessary to meet the current and future demand for resources. Youth peer support programs are essential to more quickly and holistically build community-centered, accessible, and engaging resources. These programs can equip young people with the tools to make a difference for other youth and young adults, taking pressure off systems, meeting the growing needs of the moment, and prioritizing community-driven approaches to well-being. Leaders, including people with lived experience and youth, should collaborate to invest in a full continuum of peer support initiatives, from general education to formal youth peer specialist programs, to change the trajectory of our struggling young people and create more equitable, accessible, and mentally healthy communities.

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