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What Should the Role of Peer Mental Health Support Worker Involve? Youth Perspectives from Pakistan and South Africa

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Abstract

Globally, child and youth mental health needs are largely unmet, especially in resource-constrained settings. Youth are uniquely placed to provide mental health support, but there is limited evidence on what their role should involve. The aim of this study was to establish how youth themselves conceptualized the peer support worker role. We captured the perspectives of 45 youth from Pakistan and South Africa. Focus group discussions were analyzed through a thematic codebook framework. Key findings indicated how youth can improve their mental health care, as well as those of their peers, by recognizing early signs of mental health concerns, developing adaptive coping mechanisms, strengthening social relationships, and mobilizing additional resources through advocacy and mediation. Peer support can be enhanced by skills such as lack of judgement, empathy, encouragement and good communication. Peer support workers can play an important role in promoting children's mental health, particularly in resource-constrained settings. Such posts should be clearly defined, incorporated within existing service systems, and provided with adequate funding, training and supervision.

Introduction

Despite mental health becoming a global priority, children and youth do not often receive appropriate support, through lack of information, inadequate resources, inequalities, and service provision not being child-centric (World Health Organization, 2020). In Majority World Countries (MWC), barriers to help are compounded by mental health stigma, poverty and lack of adequately skilled workforce (Patel et al., 2018). When children experience mental health problems, they typically prefer to look for information themselves and seek informal support from family and friends (Heerde & Hemphill, 2018), often because of fears of negative societal attitudes (Khalil, Gondal, Imran, & Azeem, 2020). Peers play an important role in providing a safe space and mutual support, and in exploring ways of seeking help (Lubman et al., 2017). Building on evidence regarding the benefits of peer support, more formalized roles were developed in recent years. Terms suchas peer adviser, mentor, educator or support worker are variably used. Whilst acknowledging this variation, the term 'peer support worker (PSW)'is used throughout this text and in relation to the broad childhood spectrum. Peer support workers were found to change children's attitudes towards disclosure of mental health problems, associated distress and help-seeking (Canada Drug Health Technology Assessment, 2022). It is arguably

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problematic that much of the literature originates from minority world countries, although children and youth in MWC have an even more prominent role within communities (Clark, Madhavan, & Kabiru, 2018). Reported youth-led health promotion initiatives in MWC usually addressed wellbeing along multiple life domains (Rose-Clarke, Bentley, Marston, & Prost, 2019), often primarily targeting nutrition and sexual reproductive health (Kitelele et al., 2022). Nevertheless, there is no consensus to inform policy and guidelines on what peer support worker roles should involve in MWC in relation to child mental health. Indeed, there is no evidence on how youth themselves conceptualize the role. This research gap provided the rationale for this study. This would inform services how to involve youth in community-based mental health promotion and care initiatives.

Objective

The aim was to explore youth perspectives in Pakistan and South Africa on how mental health could be supported by peers. This aim was addressed by the following research questions: (a) In what ways might child mental health be supported through peer involvement? (b) What functions should a PSW role involve?

Methods

Participants

Two MWC, Pakistan and South Africa, were included in the study. Similarities include high inequality, poverty and associated risk factors, an increasing child population, and informal settlements characterized by inadequate service delivery. Potential differences include culture, nature of community support and social networks, and service systems (Shujaat, 2015; Tomlinson, Kleintjes, & Lake, 2022). Participants were recruited through two non-governmental organizations (NGOs) that acted as hosts in each country. Both NGOs provide psychosocial support to children in disadvantaged urban communities of Karachi in Pakistan, and the Gauteng province on the outskirts of Johannesburg in South Africa. In Pakistan, the NGO invited participants through their community networks. In South Africa, the NGO had already established a youth advisory group, whose members were invited to participate. Variation in networks and recruitment resulted in different numbers of participants in each site, and some differences in their age profile. As this study was not designed to be comparative and the number of youth wishing to take part in Pakistan was higher than anticipated, we decided to include all those who had come forward, in recognition of the value of capturing those voices. Invited participants were between 14-24 years. This age range was considered as indicative of youth adopting a PSW, rather than children or younger adolescents. In total, 30 youth participated in Pakistan (24 female, 6 male), and 15 in South Africa (10 female, 5 male). Participants were on the younger age spectrum in South Africa. Both organizations have stringent safeguarding policies and procedures, thus acted as gatekeepers to the study. All youth aged 16 years and above provided informed written consent. For those between 14-15 years, parents or legal guardians provided written informed consent, and youth gave additional verbal assent. Ethics approval was provided by the (anonymized) Research Ethics committees. Data were generated through focus groups, to promote collective conversations, in sharing experiences of participants whose voices are seldom heard (Adler, Salanterä, & Zumstein-Shaha, 2019). Three focus groups were facilitated in Pakistan (ten youth per focus group) and two in South Africa (seven and eight participants respectively).

Data analysis

All audio-recorded data were translated into English and transcribed. We utilized a codebook form of thematic analysis to allow for conflation of inductive and deductive coding processes, and to ensure analyst collaboration and dialogue through a multiple coding process (Braun, & Clarke, 2022). Data were initially coded by one researcher in relation to the research questions and were revisited by a second coder. The research team helped resolve any discrepancies.

Results

Four inter-linked themes were established. These perspectives are described below, with supporting representative excerpts

Perceived indicators and signs of mental health concern

Participants referred to social, emotional and behavioural expressions of distress. They focused on the impact these had on children's lives rather than simply listing diagnostic concepts. In providing examples, youth variably referred to hypothetical scenarios, friends or own experiences. They also reported different emotional states and how these could underly mental health problems. Nevertheless, they also viewed such emotional states as opportunities for building resilience.

It can cause a very sad cloud in your mind, heart and soul. (Girl 4, FG1, South Africa) Sometimes it's okay to cry. That's how you keep your pain out or to walk away. In that way, you can release your anger or feel better. (Girl 1, FG2, South Africa)

When faced with stressors, some participants looked for signs in their peers' verbal or non-verbal expression and behaviour. Becoming easily irritable or out-of-character was viewed as suggestive of emotional dysregulation. They don't look right, their face shakes. (Girl 3, FG1, Pakistan) You easily snap. (Girl 4, FG2, Pakistan) Feeling lonely, social withdrawal and negative cognitions were associated with distress, with some youth specifically relating them to self-harm ideation. Yah, and the way I feel alone, I want to kill myself. (Girl 3, FG2, South Africa)

Development of coping mechanisms

Participants proposed supporting children and youth to regain their confidence by accepting themselves. In doing so, they demonstrated motivational skills to move from a negative to a positive view of oneself. Be confident, you can do everything. (Girl 6, FG 1, Pakistan) As negative self-perceptions were often initiated or reinforced through comparisons with peers (in their environment or through social media), participants appeared focused on disentangling and reframing social cognitions. They also linked self-acceptance and contentment with positive emotional states. Believe in yourself. Do what makes you happy. Stop judging other people's lives. (Boy 2, FG3, Pakistan) These suggestions were followed by practical solutions on how coping mechanisms could be implemented in everyday life by rediscovering and pursuing their interests, making decisions for themselves and feeling more assertive. We will motivate her to take this decision by herself and search about her interests. (Boy 1, FG2, Pakistan) PSWs could propose or facilitate social activities, as children with mental health needs are often unmotivated, lack in confidence or feel anxious of social situations. We can help her explore her own interests by searching on the internet, by talking to different people. (Girl 5, FG1, South Africa) Social, creative and sports activities were put forward to help peers break their pattern of isolation. Some participants articulated activities to release stress and develop coping mechanisms. We can make stress balls together, go for evening walks, yoga and meditations. (Girl 3, FG1, Pakistan) We would also tell her that there are times when we really can't control certain situations. (Girl 5, FG2, Pakistan) Connecting with nature or animals were suggested as helping children respond better to stressors, regulate their emotions, and develop future preventive strategies. We can take them jogging and walking, so that they can get connected to nature. (Girl 4, FG1, Pakistan) Participants would not only target negative cognitions and initiate practical solutions but would also take steps to help children address emotional difficulties. They referred to regulatory stages of understanding and expressing emotions. I finally released it, you see you'll find it's been eating me inside for a while. (Boy 5, FG2, South Africa) Participants saw social media opportunities in directly addressing causes of distress, mainly victimization from bullying, and building confidence and resilience by advocating on social platforms. We will paste posters, use slogans and hashtags on social media in her support and against the bully. (Boy 1, FG3, Pakistan)We can send them motivational quotes, ayats [Quranic verses], talks, interviews and statuses, which will help them deal with their negative feelings. (Girl 1, FG3, Pakistan) In addition

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to helping individual peers, participants proposed awareness campaigns through social media, independently or jointly with professionals. They viewed youth-led promotion as advantageous to existing programmes by being more engaging and creative. …by giving out more awareness through social media, campaigns, gatherings on national and international level. (Boy 1, FG3, Pakistan) Support with learning also ranged from practical and direct help with homework, to facilitating learning new skills that could help peers with future employment. We can help them learn any skill, maybe through freelancing, so that they can make use of their skills and earn some money for themselves. (Boy 6, FG1, South Africa)

Mobilizing resources and support from wider systems

Participants considered how peers could mobilize psychosocial resources from families, communities and services. Advocacy was thus viewed as central to the PSW role. This related to protection from bullying and other kinds of victimization, financial problems, and receiving help for mental health problems. We will complain about the bully, and we will directly go to our principal. (Girl 1, FG1, Pakistan) Advocacy was extended beyond protecting individual children to bringing changes in wider attitudes and responses. In addition to liaising with schools, some participants considered contacting policy-makers and other authorities.We can write letters to government officials in order to make laws against bullying. (Boy 1, FG1, Pakistan) Participants acknowledged the link between economic hardship and mental health difficulties, and the importance of peers being given the chance to break this cycle through education and acquisition of new skills. We can look for organizations which can help our peers in financial issues. (Boy 1, FG2, Pakistan) Stressors often originated from relationships with adults, predominantly within the home environment. Participants made several suggestions on how to re-establish communication with parents. Suggestions involved talking to the child and extending mental health promotion to parents. *We can also encourage her to talk to her parents, so that they can do something for her, and through this they will also know that our friend is going through some serious issue.* (Girl 2, FG2, Pakistan)

The PSW role could be extended to school and community by similarly approaching teachers, proach could relate to vulnerable individuals or aim at wider mental health promotion. We can shift the mindset of people around, like neighbourhood, by practicing non-judgmental thinking. (Boy 2, FG2, Pakistan)When informal support is not sufficient, a PSW could facilitate help-seeking. 'Motivation' was mentioned by a few participants, indicating the importance of encouraging children to seek help and guiding them through the referral process.

…being able to talk, coming forward and helping yourself find a solution from other people. Because, somehow, talking…it helps us see things in different or perspective you see. Seeing things in different ways… (Girl 5, FG2, South Africa)

Characteristics of peer support worker

Participants identified certain characteristics that would help PSWs to successfully fulfil their role. Vulnerable children can be sensitive to being judged and criticized, especially by adults, but also by their peer group. Participants made it clear that they would provide space and facilitate finding solutions without passing judgment. *Simply be there and listen to her, without offering any suggestions or advice, because I think this is the element that we were missing out on.* (Girl 5, FG1, South Africa)

For children to accept and use this space, they would need to feel safe, unlike previous experiences of feeling rejected or marginalized. Participants highlighted how important it was for children to feel nurtured, cared for and respected. They would hopefully then be able to generate similar caring approaches in future relationships.

We can help develop compassion towards humanity by practicing empathy and positive thinking for all the people around us. (Girl 3, FG2, Pakistan)

Instead of merely verbally conveying these relational messages, participants demonstrated how these could be gradually instilled through empathic joint discussions and activities. Acceptance and respect for their choices, as well as confidentiality, would offer indirect support to children in distress.

We don't let them stay alone, motivate them for better future, make them feel happy as much as they can… (Boy 7, FG2, South Africa)

Emotional support can be given by complimenting them. (Girl 1, FG3, Pakistan)

Finally, participants focused on the importance of developing communication skills. These are more likely to succeed if they are experienced, mirrored and reflected in the peer-to-peer relationship, rather than by being taught.

We could also help our friends to develop assertive communication skills, so that she can deal with difficult situations. (Boy 2, FG3, Pakistan).

Participants viewed these assets as being inter-linked. Children need to feel safe and accepted before being able to process, learn and communicate new skills. *Communication is again really, really, important for us to provide them as individuals, and we can provide them a safe bubble...* (Girl 6, FG1, Pakistan)

Discussion

It is increasingly acknowledged that peers can play an important support role in child mental health service provision. There is, however, little consensus on what this role should involve in relation to children's mental health needs. In this study, we explored such perspectives of youth from two MWC, Pakistan and South Africa. Resource -constrained settings in similar sociocultural contexts can particularly benefit from peer involvement, where informal support and social networks are central to seeking and receiving help. Our participants proposed a potential framework for defining the central tenets of a PSW role. This was informed by several inter-linked components, according to the established themes. These components were both generic to other PSW roles and specific for children with mental health needs. Participants demonstrated sophistication of recognizing core child development domains (emotional, cognitive, behavioural and social) and how these intersect. They subsequently translated these domains to internal and external support strategies, to strengthen wellbeing, respond to emerging mental health problems, and prevent their escalation. The reported characteristics of listening without judging, empathy, and non-direct encouragement and communication that would underpin peer support are, interestingly, similar to the core components of the client-therapist relationship in person-centred counselling (Cooper, McGinnis, & Carrick, 2014). Within a comprehensive mental health care model, PSWs could thus align with mental health professionals. The main challenge would be to define and protect their remit, whilst incorporating in service systems. To this effect, these findings suggest that peer support should aim to promote internal coping mechanisms, enhance social connections, and facilitate the involvement of appropriate adults and systems. These three components appeared inter-connected and were described in relation to what peers rather than professionals could offer. Their overall objective would be to access and strengthen emotional and cognitive resources, so that children could gradually regain control and autonomous functioning, as well as seek external help when they believed this was required. This objective could be achieved through the peer-to-peer relationship, promotion of activities, and mobilization of external resources. Participants also proposed the use of different mediums of interaction, including social media. PSWs clearly hold an advantage over adult professionals in understanding and using new social platforms and digital technologies.

Although potential risks were not explored during focus group discussions, these should be considered in the light of the findings in designing PSW posts. For example, mental health support can be difficult to confine to strengthening coping mechanisms whilst avoiding from delving into traumatic experiences and problems such as self-harm ideation. Advocacy and liaison with peers who are also perpetrators of bullying, or families in cases of conflict of maltreatment, can expose both PSWs and children to safeguarding risks. Crucially, the PSW remit should be distinct from professional roles, without be involved in the treatment of complex mental health problems.The findings should be interpreted by acknowledging the

limitations of the study. Participants' characteristics are not necessarily representative of their countries and cannot be generalized to other MWC contexts. There were differences in the sampling between the two sites, driven by pragmatic and operational need. At this stage of the research, we did not involve children, as older adolescents and young adults are more likely to operate in a service-related PSW role. Youth with lived experience of mental health needs would have provided a valuable perspective, as would indeed parents, health and welfare professionals, community leaders, and policy-makers. These stakeholders should be involved in future research, to determine how peer support can be incorporated in service systems. Throughout the focus group discussions, participants appeared to consider different questions in relation to informal support rather than to a formal PSW educator role. This should be explored in more depth, allowing more time for participants, and using case and service scenarios.

Nevertheless, these findings provide an important insight to how youth themselves conceptualize how peers could make an important contribution to child mental health care, especially in MWC resource-constrained settings. Youth involvement could be both informal by raising mental health awareness through schools and communities, and formal by being involved in first-level response interventions through services. Youth voices should inform guidelines on the delineation of responsibilities and infrastructure for new PSW posts, and how they should be incorporated within existing mental health provision (Roy et al., 2019; Canada Drugs Health Technology Assessment, 2022). Post specifications should be aligned to peer mental health support, and remain distinct from other professional remits, whilst maintaining clear links between them. Attention should be given to ongoing training and supervision of PSWs. Setting up and implementing a PSW program should consider several steps. One or more PSWs with lived mental health experience should be carefully recruited from a target community by also taking into account criteria such as motivation, interpersonal and organizational skills, team working and potential to acquire new knowledge. A training program should be tailored to PSW needs rather than replicate professional learning. Mental health topics should be complemented by basic competencies in engaging youth, assessing needs and formulating care plans. Each PSW should be attached to a mental health team, with designated supervision and ongoing training. Co-facilitation with mental health professionals could be considered in relation to psychoeducation or other first-level response interventions.

Other factors that should be taken into consideration are the likely turnover of PSWs in the absence of career pathways, hence the importance of establishing flexible systems, large pools of interested youth, and pairing with professionals. In MWC, PSWs are more likely to be attached to community or educational settings that provide psychosocial provision, rather than specialist mental health services (Heerde, & Hemphill, 2018). Consequently, their roles should be co-produced within their local context. Overall, peer support should be incorporated in policy if this is to be integrated in budgets and services. In conclusion, youth can play an important role in promoting mental health within schools and communities, improving their own mental health care, and providing support to their peers with emerging mental health problems. Their role could be informal within community networks or formal within structural services. Future research should evaluate different youth-led peer educator or support worker models that are best fit for related sociocultural contexts and service systems.

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