Online peer support training to promote adolescents' emotional support skills, mental health and agency during COVID-19: A pilot randomised controlled trial

Running head: Online peer support training for adolescents during COVID-19

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Conflicts of Interest: None declared.

Abstract

Background: Adolescents often look to their peers for emotional support, so it is critical that they are prepared to take on a supportive role, especially during a health crisis. Using a pilot randomised controlled trial (ISCRN registry, number ISRCTN99248812), we tested the efficacy of an online training programme designed to equip young people with skills to support to their peers' mental wellbeing during the COVID-19 pandemic.

Methods: We recruited one hundred young people (aged 16-18) living in the UK, through social media advertisements. In June 2020, participants were randomly allocated (1:1) to immediate 5-day peer support training (n=50) or a wait-list (n=50) via an independently generated allocation sequence. Primary outcomes were indicators of ability to help others (motivation, perceived skills, frequency of help provided, compassion to others and connectedness to peers). Secondary outcomes included emotional symptoms, mental wellbeing, and indicators of agency (civic engagement and self-efficacy). We also collected qualitative reports of participants' experience. Assessments were completed at baseline and 1-week post randomisation (primary endpoint), and up to 4-weeks post-randomisation (training group only).

Results: We found significant effects of online peer support training on all indicators of ability to help others, except for motivation to provide support. The training increased perceived support-giving skills, frequency of providing support, compassion and peer connectedness 1-week post-randomisation, compared to controls (medium-large effect sizes). Gains in the training group were maintained 4-week post-randomisation. Training also produced benefits in relation to emotional symptoms, wellbeing, and indicators of agency, and qualitative reports revealed further positive outcomes including increased personal self-care and feelings of empowerment.

Conclusions: Online peer support training brought benefits across a range of outcomes.

Leveraging digital platforms that are familiar to young people, peer support training has the potential to enable adolescents to support their own and their peers' mental wellbeing during a health crisis.

Keywords: peer support; COVID-19; empowerment; mental health; adolescents.

Introduction

The COVID-19 outbreak has had a major psychosocial impact on the lives of young people (Children's Commissioner, 2020; Dewa et al., 2021). The challenges posed by the pandemic have given rise to feelings of lack of control, loneliness and anxiety, and significant increases in mental ill-health (Nearchou, Flinn, Niland, Subramaniam, & Hennessy, 2020; Young Minds, 2021), posing an urgent need for targeted interventions. To ensure their specific needs are addressed, it is critical that young people are involved as active stakeholders in priority setting, as well as in the design, testing and delivery of interventions, rather than as passive 'recipients' of support (Pavarini, Lyreskog, Manku, Musesengwa, & Singh, 2020; Singh, Pavarini, Juma, & Farmer, 2020).

In March 2020, as the pandemic accelerated, we conducted patient and public involvement (PPI) consultations with adolescents aged 14-25 from two UK-based Young People's Advisory Groups (YPAGs) to help set priorities for intervention research. The young people consulted expressed a clear desire to be active stakeholders in easing the mental health burdens of the pandemic. While many aspired to provide emotional support to their friends and peers during this time, they felt that they lacked the skills to do so. In direct response to these expressed needs, we focused this project on peer support, aiming to equip young people with the skills to reach out to their peers and support their mental health and wellbeing.

Peer support is defined as the process of help-giving and help-receiving between individuals who share characteristics or lived experiences (Mead, Hilton, & Curtis, 2001). In the context of mental health, it has been framed as an approach that foregrounds values-led relationships (Side by Side Research Consortium, 2017; Watson & Meddings, 2019). Evidence indicates that having positive peer relationships in adolescence predicts greater wellbeing (Steiner et al., 2019). However, evidence from intervention studies is mixed: while

some studies suggest positive outcomes for supported peers, others indicate null results (see Ali, Farrer, Gulliver, & Griffiths, 2015; King & Fazel, 2021 for systematic reviews of online and school interventions, respectively). This inconsistency may be partly due to the training young people receive to carry out the role (Gopalan, Lee, Harris, Acri, & Munson, 2017).

Peer support training programmes are rarely examined in isolation. Existing studies, exclusively school-based, suggest that training brings marginal improvements to peer supporters' self-confidence (King & Fazel, 2021). However, to our knowledge, only one study evaluated outcomes directly related to adolescents' ability to help others. The results showed social connectedness and support-giving increased among adolescent peer supporters who received training, compared to controls (Wyman et al., 2010). Peer support training also has the potential to heighten young people's 'agency capabilities' (i.e. their ability to pursue valued outcomes, such as making a difference to the community) (Sen, 1993) and bring benefits for their own mental wellbeing, but these outcomes remain largely unexplored. In order to develop effective peer support interventions, it is first critical to develop and evaluate training to prepare young people for the role. Moreover, COVID-19 restrictions and disruptions have magnified the need for virtual training models (Torous, Jän Myrick, Rauseo-Ricupero, & Firth, 2020).

Goals and hypotheses

Our study addresses the need for peer support training programmes targeted to the COVID-19 pandemic, and the lack of evidenced outcomes of peer supporter training. The project focused on young people aged 16-18 years, an age group experiencing significant disruption to their education or early working life during the COVID-19 pandemic (Mansfield, Jindra, Geulayov, & Fazel, 2021). We partnered with Youth Era, a charity specialising in online peer support for youth (www.youthera.org), and a YPAG set up for this project, to design an online training course to equip young people with skills to support the

mental health and wellbeing of their friends and peers. The course equipped young people to provide peer support to their communities and social networks in naturally occurring instances, outside of professional services.

Through a pilot randomised controlled trial, we investigated whether being trained as a peer supporter promotes:

- i) young people's ability to support others during the COVID-19 pandemic, including motivation to provide peer support, perceived support giving skills, frequency of support provided, compassion to others, and connectedness to peers,
- ii) their own mental wellbeing and reduces emotional symptoms, and
- iii) their sense of agency, including self-efficacy and civic engagement.

We investigated short-term benefits, relative to a wait-list control, and explored young people's experiences of the online training and self-reported impacts.

Methods

Co-producing research with young people

A YPAG was formed specifically for this project, comprising six young people aged 16-28 (2 males, 4 females). Young people were recruited from three existing advisory groups that contributed to our initial PPI work: The McPin Young People's Network (<https://mcpin.org/young-peoples-network/>), the NeurOX YPAG (<https://oxneurosec.com/involvement/young-peoples-advisory-group-ypag/>) and the Lancet Young Leaders for Global Mental Health (<https://globalmentalhealthcommission.org/youth-campaign/>). The YPAG informed all aspects of the study, from design to dissemination (Appendix 1). The McPin Foundation led the youth involvement, with support from the Oxford Neuroscience, Ethics and Society Group.

Recruitment

The study protocol was approved by the University of Oxford Interdivisional Medical Sciences Ethics Committee (R69810/RE001). Participants were recruited through posters and advertisements on social media, from May 23rd to May 28th, 2020. To be eligible, participants needed: to be aged 16-18, UK resident, have sufficient English and ability to complete training and measures independently, consent to randomisation, and access to Wi-Fi, computer, camera and speakers. Interested participants completed an online "Expression of Interest Form". Those identified as potentially eligible were invited for a short call with the training instructors to confirm eligibility and suitability for the course. Once confirmed, written informed consent was obtained and participants completed baseline measures. Recruitment ceased once the target sample size was achieved.

Randomisation and masking

After baseline measures were completed, participants were randomly assigned to immediate training or wait-list control in a 1:1 ratio. The random allocation sequence was computer-generated by an independent researcher who had no contact with research participants. Post-randomisation questionnaires were circulated via email by a researcher blind to allocation. Participants completed all assessments independently online.

Procedures

Participants randomised to the training arm completed the peer support training course between the 8-12th June 2020. Both arms were reassessed 1-week post-randomisation, and wait-list participants were then offered the peer support training (22-26th June). Three weekly follow-up assessments of the primary outcomes were circulated to the training arm only. All participants received a certificate of course completion and a £15 voucher for completing study measures.

Peer support training

The training course, titled Uplift Peer Support Training, was designed by Youth Era with input from the YPAG and researchers. The course was delivered via Zoom by a team of specialist Youth Era peer supporters over 5 consecutive days (4 hours/day). Interactive and informative sessions were delivered by peer support experts to the full group of 50 youth, and sharing and hands-on activities were mostly delivered in small groups of 7 via breakout rooms or WhatsApp, each led by a group facilitator. It included modules on establishing rapport, active listening, grief and trauma, confidentiality, self-care, coping strategies, crisis management, signposting and referrals, and making a difference to the community. Examples and activities reflected challenges of the pandemic from the perspective of UK youth. Further information about training content is available from authors on request.

Quantitative Outcomes

Assessment points were baseline (before randomisation), 1-week post randomisation (primary endpoint), and 2-, 3- and 4- weeks post randomisation (training arm only). Measures assessing all outcomes were administered at baseline and the primary endpoint in both arms; training arm follow-ups included measures of primary outcomes. To characterise the sample, participants reported their age, gender and ethnicity, and completed the Family Affluence Scale (Torsheim et al., 2016), an adolescent self-report measure of socioeconomic status.

Primary outcomes

Our primary outcomes were the following indicators of the ability to provide support to peers during the COVID-19 pandemic among both arms 1-week post randomisation: i) motivation to provide support; ii) perceived support giving skills; iii) frequency of support provided; iv) compassion towards others; and v) connectedness to peers.

Motivation to provide support, perceived support giving skills and frequency of support provided were each established using corresponding items from the Adolescent

Social Connection Coping During COVID Scale (Pfeifer, 2020) (motivation: 4 items; total score: 4-24; skills: 4 items, total score: 4-28; frequency: 4 items, total score: 4-28).

Compassion towards others was assessed using the Compassion to others-Engagement subscale (6 items; total score: 6-60) and the Compassion to others-Action subscale (4 items; total score: 4-40) (Gilbert et al., 2017). Minor amendments were made to the wording of the Action subscale items to assess perceived ability to take actions, rather than to actual behaviours which participants were unlikely to have had the opportunity to engage in within the short-assessment period (see Appendix 2). Connectedness to peers was determined using the Inclusion of Other in the Self (Aron, Aron, & Smollan, 1992) single item pictorial measure of closeness (scored 1-7).

Secondary outcomes

Secondary outcomes included mental wellbeing and emotional symptoms, and indicators of agency (self-efficacy and civic engagement) among both arms 1-week post randomisation. The Warwick-Edinburgh Mental Wellbeing Scale (Tennant et al., 2007) (WEMWS; 14 items; total score: 14-70), and the Strengths and Difficulties Questionnaire-Emotional symptoms subscale (Goodman, 2001) (SDQ-E; 5 items, total score: 0-10) were used to assess mental wellbeing and emotional symptoms respectively. Self-efficacy was established with the General Self Efficacy Scale (Luszczynska, Scholz, & Schwarzer, 2005) (GESS; 10 items, total score: 10-40) and civic engagement was assessed using the Attitudes and Behaviour subscales of the Civic Engagement Scale (Doolittle & Faul, 2013) (CES-Attitudes; 8 items, total score: 8-56; CES-Behaviour; 6 items; total score 6-42). We made minor amendments to the wording of the CES-Behaviour items to assess perceived ability to engage in behaviours, rather than actual behaviours (see Appendix 2). Further secondary outcomes assessed in the training arm only included indicators of the ability to provide

support (motivation, skills, frequency and connectedness to peers) and who participants reported helping (e.g., friends), up to 4 weeks post-randomisation.

Qualitative outcomes

Open-ended questions assessed participants' perceived impact of training, use of peer support skills and intentions to use peer skills in the future in the training arm. Participants were asked i) whether the training impacted their life in any way, and prompted to describe positive and negative impacts (1 week post randomisation); ii) to provide an example of how they used their "peer support skills" over the past week (2, 3 and 4 weeks post randomisation); and iii) if and how they planned to use what they learnt from the training in their "life moving forward" (1 week and 4-weeks post randomisation).

Statistical analysis

Sample size

The target sample size was determined to provide 80% power to detect a meaningful difference between the two groups on primary and secondary outcomes. We assumed that we would retain 90% of participants to 1-week post-randomisation, and the sample of 100 provided 80% power and (2 sided) 5% significance levels to detect differences between training and control groups of $F=0.3$ (medium effect size).

Analysis

An analysis plan detailing all pre-specified statistical analyses was published (<http://www.isrctn.com/ISRCTN99248812>), before analyses were conducted. Baseline characteristics were summarised for each group and the total sample using descriptive statistics. A series of analysis of covariance (ANCOVAs) were used to compare training and control groups on each primary and secondary outcome 1-week post-randomisation, adjusting for corresponding baseline score, gender and age. Partial eta squared was used to measure the effect size for each outcome. To assess the robustness of the results, ANCOVAs were

repeated using pre-post change scores and participants aged 16 only. The results of these sensitivity analyses were similar to the main analyses and did not alter the conclusions so are not reported here.

To examine indicators of the ability to provide support up to four weeks post-randomisation for the training group, we used a series of repeated measures analysis of variance. We used the last observation carried forward approach to manage missing follow-up data. To assess the impact of these missing data, we repeated these analyses using participants with complete data only (n=39). The results of these complete data analyses were similar to the main analyses and did not alter the conclusions so are not reported here.

Statistical analyses were done with SPSS version 26. The trial was registered on the ISCRN registry, number ISRCTN99248812, on 28th May 2020.

Qualitative analysis

To analyse the training group's responses to open-ended questions, we used a directed content-analysis approach (Hsieh & Shannon, 2005), guided by the impact and outcomes theorised as relevant. The YPAG co-produced the initial framing framework and co-analysed the data. The framework was iterated and refined into a final version after discussion meetings. The scheme was validated by two independent coders and reliability calculated on 25% of the data, adopting a threshold of $\kappa = 0.6$ (substantial agreement, O'Connor and Joffe, 2020). Disagreements were resolved by discussion between original coders or adjudication by a third reviewer. The presence/absence of each code was recorded for each response. We separately analysed responses to questions related to: (a) impact of training, (b) use of peer support skills and (c) intentions to use skills. We also checked whether overarching codes emerged across the three sections.

Results

Participants

We randomised 100 participants to either training (n=50) or wait-list control (n=50). Participants completed baseline assessments (30th May - 3rd of June) and 1-week post randomisation assessments (12- 16th June 2020) during a lockdown period in the UK (with face-to-face teaching suspended from 20th March to 15th June 2020). Recruitment and retention rates are displayed in Figure 1. All training group participants attended all training sessions, with the exception of one participant who missed one session.

Figure 1. Progress of participants through the trial

Baseline demographic characteristics are displayed in Table 1. Across both groups, most participants were aged 16 or 17 years (>90%), self-identified as female (>80%), and lived in England (>80%). Both groups were ethnically diverse (<50% White British), with similar levels of family affluence.

Table 1. Baseline demographic characteristics

	Training (N=50)	Wait-list (N=50)
Age		
16 years, <i>n</i> (%)	28 (56%)	37 (74%)
17 years, <i>n</i> (%)	21 (42%)	10 (20%)
18 years, <i>n</i> (%)	1 (2%)	3 (6%)
Gender identity (<i>n</i> , %)		
Female	41 (82%)	43 (86%)
Male (cisgender or unspecified)	7 (14%)	7 (14%)
Male (transgender)	1 (2%)	
Non-binary	1 (2%)	
Family Affluence Scale		
Mean (SD)	6.22 (2.13)	6.44 (1.79)
Low affluence (score 0-3), <i>n</i> (%)	7 (14%)	3 (6%)
Medium affluence, (score 4-6) <i>n</i> (%)	16 (32%)	20 (40%)
High affluence, (score 7-9) <i>n</i> (%)	27 (54%)	27 (54%)
Ethnicity (<i>n</i> , %)		
White British	21 (42%)	24 (48%)
White Irish/White Other	9 (18%)	9 (18%)
Black/Black British	7 (14%)	2 (4%)
Mixed	1 (2%)	9 (18%)
Asian/Asian British	9 (18%)	4 (8%)
Chinese	1 (2%)	1 (2%)
Other Ethnic group	2 (4%)	1 (2%)
Location		
England	43 (86%)	40 (80%)
Scotland	3 (6%)	3 (6%)
Wales	2 (4%)	4 (8%)
Northern Ireland	2 (4%)	3 (6%)

Quantitative results

Results from the ANCOVAs comparing training and wait-list groups on each primary and secondary outcome 1-week post-randomisation, controlling for corresponding baseline score, gender and age are detailed below.

Ability to provide support

As displayed in Table 2, there was no difference between the training and the wait-list groups on motivation to provide support to others ($F_{1,95}=2.60, p=0.110$). However, there was a significant effect of training on perceived support giving skills ($F_{1,95}=15.83, p<0.0001, \eta_p^2=0.14$) and how often participants provided support to others ($F_{1,95}=13.99, p<0.0001, \eta_p^2=0.13$). Self-reported compassion towards others was also significantly greater among those who received training, compared to wait-list controls, both in relation to engaging with others and perceived ability to take action ($F_{1,95}=12.03, p=0.001, \eta_p^2=0.11$ and $F_{1,95}=23.21, p<0.0001, \eta_p^2=0.20$ respectively). The training group also reported feeling significantly more connected to their peers than wait-list controls ($F_{1,95}=19.48, p<0.0001, \eta_p^2=0.17$). With the exception of motivation, effect sizes across indicators of ability to provide support to others ranged from medium to large.

Mental wellbeing and emotional symptoms

We also found evidence of an effect of training on self-reported mental wellbeing and emotional symptoms. Those who received training reported significantly better mental wellbeing and significantly lower negative emotional symptoms compared to the wait-list, with large and medium effects sizes respectively ($F_{1,95}=62.51, p<0.0001, \eta_p^2=0.40, F_{1,95}=8.26, p=0.005, \eta_p^2=0.08$).

Agency (self-efficacy and civic engagement)

Relative to the wait-list group, the training group reported significantly greater self-efficacy, with a medium effect size ($F_{1,95}=7.91, p=0.006, \eta_p^2=0.08$). Compared to wait-list controls, the training group also reported more positive civic attitudes and greater perceived ability to engage in civic behaviours, each with a large effect size ($F_{1,95}=25.82, p<0.0001, \eta_p^2=0.21$ and $F_{1,95}=20.86, p<0.0001, \eta_p^2=0.18$, respectively).

Table 2. Baseline and 1-week post randomisation outcomes for training and wait-list control groups

Outcome	Training N=50	Wait-list N=50	ANCOVA*
Ability to provide support	Mean (SD)	Mean (SD)	
Motivation (ASCCD-COVID) Baseline Post	20.28 (3.05) 21.14 (2.76)	20.20 (3.31) 20.26 (3.22)	$F_{1,95}=2.60, p=0.110, \eta_p^2=0.03$
Skills (ASCCD-COVID) Baseline Post	19.82 (4.21) 22.36 (3.49)	20.06 (4.38) 19.62 (4.93)	$F_{1,95}=15.83, p<0.0001, \eta_p^2=0.14$
Frequency (ASCCD-COVID) Baseline Post	15.92 (4.06) 19.66 (4.96)	17.04 (4.06) 17.46 (4.15)	$F_{1,95}=13.993, p<0.0001, \eta_p^2=0.13$
Compassion for others- Engagement Baseline Post	48.34 (6.58) 51.42 (6.11)	49.60 (7.17) 48.88 (7.28)	$F_{1,95}=12.03, p=0.001, \eta_p^2=0.11$
Compassion for others-Action Baseline Post	31.24 (5.16) 34.28 (3.93)	31.94 (4.71) 31.32 (5.16)	$F_{1,95}=23.21, p<0.0001, \eta_p^2=0.20$
Connectedness to peers Baseline item score Post item score	4.18 (1.14) 5.34 (1.32)	4.08 (1.28) 4.08 (1.47)	$F_{1,95}=19.48, p<0.0001, \eta_p^2=0.17$
Mental wellbeing and emotional symptoms			
Mental wellbeing (WEMWS) Baseline Post	47.48 (6.68) 55.56 (6.30)	46.84 (6.22) 45.04 (9.28)	$F_{1,95}=62.51, p<0.0001, \eta_p^2=0.40$
Emotional symptoms (SDQ-E) Baseline Post	4.16 (2.41) 2.84 (2.50)	4.62 (2.56) 4.36 (3.06)	$F_{1,95}=8.26, p=0.005, \eta_p^2=0.08$
Agency (self-efficacy and civic engagement)			
Self-efficacy (GSES) Baseline Post	30.92 (3.91) 33.16 (4.33)	31.12 (3.21) 31.32 (4.50)	$F_{1,95}=7.91, p=0.006, \eta_p^2=0.08$
Civic Engagement-Attitudes (CES-A) CES-Attitudes subscale Baseline Post	46.08 (5.61) 48.90 (5.62)	47.66 (6.52) 46.20 (7.39)	$F_{1,95}=25.82, p<0.0001, \eta_p^2=0.21$

Civic Engagement-Behaviour (CES-B)	30.80 (5.85)	30.38 (7.17)	$F_{1,95}=20.86$, $p<0.0001, \eta_p^2=0.18$
Baseline	34.34 (6.40)	28.44 (7.74)	
Post			

Note. η_p^2 = partial eta squared. ASCCD-COVID= Adolescent Social Connection Coping During COVID Scale. WEMWS=Warwick-Edinburgh Mental Wellbeing Scale. SDQ-E=Strengths and Difficulties Questionnaire-Emotional symptoms subscale. GSES=General Self-Efficacy Scale. CES-A=Civic Engagement Scale-Attitudes subscale. CES-B=Civic Engagement Scale-Behaviour subscale.

*ANCOVA=Analysis of Covariance, controlling for corresponding baseline score, gender (female versus all other genders) and age (age 16 versus age 17-18).

Training group follow-up

Participants most frequently reported helping close others: all training participants reported helping *friends* at least once over the follow-up period; 88% (n=44) helped family members; 80% (n=40) helped *other peers* and 38% (n=19) helped *young people they did not know*. Figure 2 displays self-reported motivation to provide support to others, perceived support giving skills and how often participants provided support to others at each assessment point among the training group. Repeated measures ANOVAs indicated perceived support giving skills and how often participants provided support differed significantly across assessment points ($F_{2.65, 129.88} = 6.13, p = 0.001$; $F_{2.82, 138.08} = 10.39, p < 0.001$), and both increased from baseline to 4 weeks post-randomisation ($p=0.018$ and $p=0.006$ respectively), although motivation at 4-weeks did not significantly differ from baseline ($p=0.49$). The training group's connectedness to their peers also differed across assessments ($F_{4, 196} = 8.41, p < 0.0001$), and participants reported feeling significantly more connected to their peers at 4 weeks compared to baseline ($p=0.001$).

Figure 2. Indicators of ability to provide support among the training group from baseline to 4-weeks post-randomisation; † = no significant difference between baseline and 4 weeks; * = significant difference between baseline and 4 weeks.

Qualitative results

Across the three open-ended questions, three main clusters emerged from participants' responses: supporting and connecting with peers, empowerment and civic engagement, and self-care. Figure 3 provides a summary of the results; additional quotes and frequencies are provided in Appendix 3.

	Short-term impact of training	Application of peer support skills	Intended future application of skills
Supporting and connecting to peers	Felt more able and confident to help others Improved social connectedness	Supported friends, peers and family through: <ul style="list-style-type: none"> • Difficult circumstances • Emotional difficulties Improved communication and relationships with others	To support others To improve communication skills and build better relationships
Empowerment and civic engagement	Increased motivation for civic engagement Greater empowerment and self-efficacy	Supported unacquainted others (e.g., school children) and communicated around civic responsibilities	To become an advocate for mental health and peer support
Self-care	Increased self-awareness and recognition of need for self-care	Looked after oneself and set emotional boundaries	To engage in self-care and improve one's wellbeing

Figure 3. Impact of training, application of peer support skills and intended future use; content analysis main codes

Perceived impact of training

Increased ability to support and connect with peers was the main impact of the training. In particular, three quarters of participants indicated that the training increased their ability and confidence in supporting others. For instance, Holly expressed that the training made her “feel more prepared to help my friends and peers when they need me.” Two fifths indicated that the training helped them build stronger relationships. For Paige, the training made her more “present within my friendships and relationships.”

About a third mentioned that the training made them feel empowered and more confident in themselves (“it made me see that I am more powerful and I can really make a change”; Rebecca), and had renewed aspirations to help the community (“I’m hoping to help my community increase the number of diverse Peer Supporters”, Charlotte). Equally frequent were references to increased self-awareness and self-care (“It has made me ... more aware and more capable to deal with my own emotions and problems”; Stephanie).

Negative impacts of the training were rarely mentioned; only three participants indicated the training caused some fatigue (“made me tired due to lots of socialising and concentrating”; Kirsty), but no further negative experiences or harms were reported.

Use of peer support skills

All participants reported at least one instance of using the skills to emotionally support others. Many young people described situational challenges peers faced, including lockdown, exam stress and family conflict (e.g., “I helped a friend who was struggling with being isolated in covid 19 lockdown and just had a few conversations with them”; Georgia). Participants also reported specific emotional difficulties among their peers, and often mentioned techniques used to help others cope. Laura, for instance, supported a friend who “was having a panic attack and I tried to help her to calm down by suggesting that she did things which would distract her, I was referring to the emergency action plan which is something I learnt on the course.” Lastly, participants described using active listening skills; Jade, for example reported that “when having meaningful conversations I remembered to use a gentle tone and the mirroring technique.”

Two fifths mentioned how their skills had been useful in helping the community and communicating around civic responsibilities. For example, Chloe reported that she used the skills “to help to educate others about the importance of understanding and fighting for the rights of those less privileged.” In addition, about a third mentioned using the skills for self-

care and setting personal boundaries. Anna reported that “rather than shooting into panic mode, I reasoned with myself to think logically rather than emotionally, which had helped me calm down”.

Intention to use the skills

All but one participant reported planning to use their new skills in the future, both immediately after the course (100%) and at the last follow-up (98%). The vast majority described plans to use the skills to support others (e.g., “I will try and help more of my peers even after all of this covid 19 stuff has died down”; Georgina). Roughly half mentioned aspirations to improve their relationships and communication skills (e.g., “I plan to use some of the techniques like mirroring to help build stronger rapport with people”; Paul).

Many participants also reported a motivation to advocate for mental health and plans to contribute to community wellbeing. Paige reported she hoped to “set up an student organisation in my school, aiming to empower and educate younger students — with a focus on battling misogyny and sexual assault.” Participants also planned to continue to focus on self-care; for example, Samantha planned to “balance what I want to do and my own mental health.” Finally, an additional code identified in this section related to academic or professional aspirations, mentioned by about a fifth of participants. Alexandra, for instance, reported that “I hope to be a doctor so these skills will be extremely useful.”

Discussion

This pilot RCT documents benefits of an online peer support training model for young people during the COVID-19 pandemic across a range of outcomes. Although both the training and control participants expressed high motivation to support their peers, those who received training felt more able and likely to do so. These gains were maintained in the training group 3 weeks following course completion. The training group also felt more connected to other young people their age than controls. They most commonly reported using

their skills to support friends with emotional difficulties and help them feel heard and appreciated. Critically, the training also improved participants' own self-reported emotional symptoms and mental wellbeing, self-efficacy and civic engagement, relative to controls. Free text responses mirrored these findings, with qualitative analysis indicating that the training fostered support-giving skills, self-care, feelings of empowerment and a desire to help the community. Encouragingly, 3 weeks after training, participants continued to express intentions to apply the learned skills, not only to support themselves and others, but also to advocate for better mental health.

These results speak to the potential value of structured, targeted courses to train young people to provide peer support. While most peer support training courses are delivered face-to-face, our findings provide preliminary evidence of the potential benefits of delivering such courses online, leveraging platforms that are familiar to young people. This offers the potential to increase reach, and allows safe delivery during crises such as the COVID-19 pandemic (Torous et al., 2020). Equipping young people with support-giving skills seemed to enable them to translate their motivation to help others into action. Although we did not provide youth with a structured opportunity to support others after the course, participants reported spontaneously offering help to their peers and family members, and felt more confident in doing so. Some indicated aspirations to pioneer peer support initiatives (e.g., discussion groups in schools) as a result of this training. It is possible that this opportunity to focus pro-socially on others, and to actively contribute to the pandemic response, alleviated feelings of uncertainty and honed young people's sense of purpose during the pandemic, which may have contributed to the observed improvements in wellbeing (see Ballard & Ozer, 2016; Hayhurst, Hunter, & Ruffman, 2019). Our qualitative results also indicated that peer support training encouraged participants to practise self-care tactics in their daily life, which

possibly also improved their wellbeing (Bjørnsen, Espnes, Eilertsen, Ringdal, & Moksnes, 2019; de Mooij, Fekkes, Scholte, & Overbeek, 2020).

Limitations and future directions

In order to ascertain the short-term benefits of the course before a larger trial, our sample size was limited, and only immediate outcomes were assessed. Future research should include a larger sample, and investigate potential medium- to long-term benefits of peer support training, and also examine potential benefits for the supported peers and wider community. This is particularly relevant in the context of restrictions easing and young people returning to school and other social environments.

Our sample presented some diversity in ethnicity and socioeconomic status but lacked male representation. In addition, our sample was biased towards individuals who were already highly motivated to help others, which may have influenced their commitment to the course and positive outcomes. Approaches to widen participation co-directed through youth involvement will be important in future studies. Future research should also aim to compare the effects of peer support training and active controls. Similarly, is it also important to identify the mechanisms through which peer support training improves wellbeing, self-efficacy and civic engagement in young people, and what aspects of the course best predict these outcomes. A more comprehensive understanding of what works can help target training courses to particular populations and outcomes.

Conclusion

We worked with groups of young people to identify how they wished to contribute to the pandemic response and co-created an online peer support training programme to facilitate this contribution. Peer support training led to improvements in young people's ability to help others, with additional benefits to their mental health and wellbeing and dimensions of agency (self-efficacy and civic engagement). These encouraging results suggest that online

peer support training is a valuable tool in emergency situations such as COVID-19, paving the way for effective peer support interventions for youth wellbeing.

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Acknowledgments

This publication arises from activities funded by the Higher Education Innovation Fund and ESRC Impact Acceleration Account through the University of Oxford's COVID-19: Economic, Social, Cultural, & Environmental Impacts – Urgent Response Fund (PI: GP). IS is supported by the Wellcome Trust (104825/Z/14/Z and 203132/Z/16/Z); GP and VB are supported by a Wellcome Trust investigator award to IS (104825/Z/14/Z); IS and VB are further supported by the NIHR Oxford Health Biomedical Research Centre [IS-BRC-1215-20005]. For the purpose of open access, the author has applied a CC BY public copyright licence to any Author Accepted Manuscript version arising from this submission. We thank Youth Era, in particular, Tia Barnes, Jammie Gardner and Martin Rafferty for leading the co-design and delivery of the Uplift Peer Support Training. We thank Timothy Knowlson, Nina Kruglikova, Geoffrey Mawdsley, Lindsay Dewa, James Okulaja, the NeurOX Young People's Advisory Group, the McPin Foundation Young People's Network and the Lancet Young Leaders for Global Health for their input. This work was presented as a poster at the 2020 Grand Challenges Annual Meeting. The funder of the study had no role in study design, data collection, data analysis, data interpretation, decision to publish or writing of the report. Youth Era gave minimal input into the study design, had no access to the data or the survey platform for the duration of the study, and were not involved in data analysis, decision to publish or paper writing.

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Key-points and relevance

- Responding to young people's expressed priorities, this study trialled an online peer support training designed to equip adolescents to support the mental health and wellbeing of their peers during COVID-19.
- Peer support training (vs. waitlist control) increased adolescents' ability to help others, and their own mental wellbeing, self-efficacy and civic engagement.
- Peer support training seems to be a valuable tool to prepare and enable young people to take an active role in supporting mental wellbeing during a health crisis.

Appendix 1. Peer Support Young People’s Advisory Group’s contributions to the project

Number of meetings	Contribution
2 meetings and an online survey	Oxford researchers, the McPin Foundation and Senior NeurOX Young People’s Advisory Group members co-led consultation with NeurOX YPAG members, the McPin Young People’s Network and the Lancet Young Leaders for Global Mental Health to set research priorities. Peer Support YPAG was then formed comprising members of these three groups.
1	YPAG informed development of the outcome measures: they approved and adjusted quantitative scales and collaborated on the writing of qualitative questions.
2	YPAG consulted directly with the peer support training providers to advise on the content and structure of the course. For example, the YPAG emphasised the importance of teaching self-care, and of adapting the content to be culturally relevant for a UK audience (the training providers were USA based).
1	YPAG fed into dissemination plans to engage young people with the idea of peer support during Covid-19, including development of a social media campaign.
2	YPAG co-analysed the qualitative data, with training and support provided by the research team staff. Coding frameworks for each of the three qualitative questions were produced in the first of these meetings. For each of the three questions, initial codes were generated by one researcher and two YPAG members, such that all YPAG members contributed to the codes. These sets of codes were then iterated and refined into a final version after discussion meetings with the YPAG and research team. Coding was carried out in the second meeting and outside of meetings.

Appendix 2. Minor amendments to Compassion to Others Action subscale and Civic Engagement Scale

Compassion to Others Action Subscale	
<i>Original item</i>	<i>Adapted item</i>
I direct attention to what is likely to be helpful to others.	I am able to direct attention to what is likely to be helpful to others.
I think about and come up with helpful ways for them to cope with their distress	I am able to think about and come up with helpful ways for them to cope with their distress
I take actions and do the things that will be helpful to others was changed to	I am able to take the actions and do the things that will be helpful to others
I express feelings of support, helpfulness and encouragement to others	I am able to express feelings of support, helpfulness and encouragement to others
Civic Engagement Scale	
<i>Original item</i>	<i>Adapted item</i>
I am involved in structured volunteer positions in my community	I am able to volunteer in my community
When working with others, I make positive changes in the community	When working with others, I can make positive changes in the community
I help members of my community	I can help members of my community
I stay informed of events in my community	I feel able to stay informed of events in my community
I participate in discussions that are relevant to the community	I feel able to participate in discussions that are relevant to the community
I contribute to projects to help the community	I feel able to contribute to projects to help the community

Appendix 3. Example quotes and frequencies of codes from content analysis (Note: reported percentages refer to proportion of participants whose answer(s) included the respective content; we only report codes that exceeded the threshold of 10%).

SHORT-TERM IMPACT OF TRAINING

Overarching category	Code (%)	Example quotes
Supporting and connecting to peers	Felt more able and confident to help others (74%)	<p>"The training has helped me understand how I can better support my friends in the future." [Laura, 16 years old]</p> <p>"The training has taught me how to listen." [Sarah, 16 years old]</p> <p>"helped me to be able to talk and communicate with my friends and others." [Katie, 16 years old]</p>
	Improved social connectedness (40%)	<p>"I feel I have a closer relationship to one of my friends who I have used my knowledge from the course to help." [Lauren, 16 years old]</p> <p>"I feel like I am part of something." [Natalie, 17 years old]</p> <p>"[helped] me build trusting new relationships and strengthen existing bonds." [Anna, 16 years old]</p>
Empowerment and civic engagement	Higher motivation for civic engagement (16%)	<p>"[I] am much more motivated to make a change within my community." [Georgina, 16 years old]</p> <p>"I definitely feel more equipped to help others and make a change in my community" [Jennifer, age 16 years old]</p> <p>"I'm much more aware of how our community needs people with Peer Supporter qualities." [Charlotte, 16 years old]</p>
	Greater empowerment and self-efficacy (34%)	<p>"The training has allowed me to recognise my strengths and feel more confident in myself." [Victoria, 17 years old]</p> <p>"I have gained a lot more self esteem." [Georgina, 16 years old]</p> <p>"I think the training has definitely had a positive impact on how I see myself." [Rachel, 16 years old]</p>
Self-care	Increased self-awareness and recognition of need for self-care (32%)	<p>"the training has also helped me try and understand myself better and embrace who I am (...) as well as the importance of self-care in my day-to-day life." [Louise, 16]</p> <p>"It has made me more aware of my self-care which in turn has helped my relationships with others. Now that I know what works for me in terms of self-care I feel I can utilise to not only help others but also calm me down in situations where I need a level head and concentration to help somebody". [Eleanor, 17]</p> <p>"I feel more confident and take more time in my day to use some of the self care tactics." [Lauren, 16 years old]</p>

Hope	Hopefulness and positivity for the future (12%)	<p>"taught me the importance of being positive rather than focusing only on the negative and being pessimistic." [Melissa, 17 years old]</p> <p>"reinstated my sense of purpose- helping me feel more hopeful for the future." [Paige, 17 years old]</p> <p>"the course has helped me (...) be hopeful for the future." [Paul, 17 years old]</p>
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USE OF PEER SUPPORT SKILLS

Overarching category	Code	Example quotes
Supporting and connecting to peers	Supported others through difficult circumstances (65.3%)	<p>"I supported a friend who is having a hard time currently in lockdown due to living with a shielding family member." [Chloe, 16 years old]</p> <p>"I met up with a friend who has been struggling during lockdown and I think I used some of the skills from the course (...) to reframe their problems which is never done before and though was very useful." [Rachel, 16 years old]</p> <p>"One of my friends was upset over what career path to take and her sexuality, so I used the exercise where you reflect on her situation and say what strengths she has. I also used level 2 listening and didn't give advice but just listened to her and show my support through that." [Lauren, 16 years old]</p>
	Supported others through emotional difficulties (69.4%)	<p>"I helped my sister find self care tools to deal with her anxiety." [Natalie, 17 years old]</p> <p>"Helped my friends reframe their negative thoughts." [Abigail, 17 years old]</p> <p>"One of my close friends found themselves in a situation where they felt very negative about themselves (...). We analysed the situation and their response and said what was good about them through the actions they took. E.g they blocked the person who was harassing them and I said that by doing that was a demonstration of how strong they are." [Lauren, 16 years old]</p>
	Improved communication and relationships with others (71.4%)	<p>"someone confided in me about them not feeling heard by the heads of the sixth form and I was there to listen to them and continuously ask myself "okay, why did they feel like this"? and be in touch with their emotions." [Charlotte, 16 years old]</p> <p>"What I found most useful is knowing that when someone wants to talk to me, they don't necessarily expect me to fix their problems, they just want me to listen. This was really important because it meant I could focus on just being there for them instead of worrying about trying to think of a solution." [Amy, 16 years old]</p> <p>"I have been using the rapport hacks in order to bond more effectively with my co-workers (...)." [Georgina, 16 years old]</p>

Empowerment and civic engagement	Supported unacquainted others and communicated about civic responsibilities (38%)	<p>"i offered a twelve year old girl support and space to express her feeling by showing that i relate to some of her troubles." [Nicole, 17 years old]</p> <p>"the rapport building skills were very helpful when reaching out to my friends and community." [Peter, 17 years old]</p> <p>"I was able to engage in a thoughtful discussion on issues I am passionate about that must be heard and taught about. They were difficult conversations to have on the crisis in Yemen and the Black Lives Matter Movement but they were respectful, necessary and even empowering in the sense that there was no more silence and stigma". [Anna, 16 years old]</p>
Self-care	Looked after oneself and set emotional boundaries (32.65%)	<p>"I tried to stop myself from being over involved in their problems and trying to help them until I felt exhausted. Instead, I set boundaries and tried to stick to them." [Louise, 16 years old]</p> <p>"Since the course, my panic attacks have become less frequent (...) I think this is because I'm able to recognise escalation better and know what to do." [Alex, 16]</p> <p>"the coping skills taught in the training were very helpful when persevering through hard times." [Peter, 17 years old]</p>

INTENTIONS TO USE SKILLS

Overarching category	Code	Example quotes
Supporting and connecting to peers	<p>To support others</p> <p>(88% immediate outcome 61.4% follow-up week 4)</p>	<p>"I plan to use it when I help people who are under distress, as I feel more confident with dealing with those situations after the training." [Danielle, 16 years old]</p> <p>"I plan to use them myself to help support others when they are struggling". [Louise, 16 years old]</p> <p>"I plan to support those in my immediate community, such as people in my school or work." [Jennifer, 16 years old]</p>
	<p>To improve communication skills and build better relationships</p> <p>(40% at immediate outcome 56.8% at follow up week 4)</p>	<p>"I'll be able to understand the other person's point of view better whilst not changing my personal beliefs which is a very important skill." [Victoria, 17 years old]</p> <p>"I plan to use the lessons I have learnt to better connect and communicate with people to provide support, show empathy and be able to comfort as well as empower them with my past experiences. I have learnt to use my pain to relate to others' suffering. The social skills I have picked up during the training in regards to the listening levels will allow me to be more engaged and focused when in conversation with others." [Anna, 16 years old]</p>

		"I want to change the way I approach conflict, and adjust the way I support my friends and family." [Natalie, 17 years old]
Empowerment and civic engagement	<p>To become an advocate for mental health and peer support</p> <p>(20% at immediate outcome 18.2% at follow-up week 4)</p>	<p>"I've already planned an assembly with the new year 7s to talk about boundaries in school and making the most of what it has to offer." [Alex, 16 years]</p> <p>"I want to improve the peer monitoring in my school." [Samantha, 16 years old]</p> <p>"I also hope to set up a form of wellbeing group at my new college so I can continue having such positive discussions with other young people." [Georgina, 16 years old]</p>
Self-care	<p>To engage in self-care and improve one's wellbeing</p> <p>(18% at immediate outcome 25% at follow-up week 4)</p>	<p>"so I can balance what I want to do and my own mental health." [Samantha, 16 years old]</p> <p>"learn how to take better care of myself." [Melissa, 17 years old]</p> <p>"My skills will definitely prove very useful [...] especially since I'll need to be mindful of self-care and when to practise it." [Charlotte, 16 years old]</p>
Professional and academic aspirations	<p>To achieve professional and academic aspirations</p> <p>(20% at immediate outcome 15.9% at follow-up week 4)</p>	<p>"I want to pursue a career as a safeguarding detective and I feel that this will provide me invaluable support." [Ricardo, 16 years old]</p> <p>"I also hope the training will be useful in my future career as I want to go into medicine and feel the skills I learnt will benefit me in a lot of circumstances." [Eleanor, 17 years old]</p> <p>"I am (hopefully) going into the field of law, and therefore certain subjects will greatly help me to be aware of the issues faced by individuals and how I can support those I may work with in human rights or criminal law." [Chloe, 16 years old]</p>