

Peer-Led Outbound Call Programs for Post- Secondary Students: A Rapid Review

Prepared for
Distress Centre of Halton
In
December 2024

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Executive Summary

Post-secondary students face unique mental health challenges that may benefit from innovative support approaches. The Distress Centre of Halton is exploring the potential adaptation of their peer-led outbound call program, TeleCheck, to address student mental health challenges. This research examines the theoretical benefits of such a program to inform development and investment decisions.

Through a rapid literature review of academic and grey literature, we examined student mental health needs, and the separate evidence bases for peer support and outbound call programs. Studies show post-secondary students experience high levels of stress, anxiety, and depression, while facing significant barriers to accessing traditional mental health services, including long waiting times and cost constraints.

Research on outbound call programs in general populations suggests they can provide free, accessible support and reduce loneliness while improving mental health outcomes. Separately, studies of peer-led support programs for post-secondary students demonstrate effectiveness in reducing academic stress, anxiety, and loneliness. Students particularly value the informal nature of peer support compared to traditional services. These programs have also shown promise in building resilience, developing coping skills, improving academic outcomes, and fostering community connection.

However, a critical research gap exists: while evidence supports the individual benefits of peer support for students and outbound calls for general populations, no studies have examined the intersection of these approaches - specifically, peer-led outbound call programs for post-secondary students. Therefore, while combining these elements appears promising in theory, the actual effectiveness remains unknown. A pilot program with careful evaluation would be essential to determine whether the theoretical benefits materialize in practice and to identify the necessary features for successful implementation with student populations.

Introduction

Distress Centre Halton (DCH) is a non-profit charitable organization that provides year-round telephone support to individuals in need. Through its unique approach, DCH trains volunteers to deliver front-line services offering emotional support and companionship to those experiencing distress or crisis. By fostering connection and understanding, DCH enhances the health and well-being of its community members, improving the quality of life for those who may feel alone, isolated, or vulnerable. One of DCH's flagship programs is TeleCheck, an outbound call service designed to provide consistent telephone support and foster social connections for individuals facing isolation, emotional challenges, or mental health concerns. TeleCheck offers free, confidential check-in calls conducted by trained volunteers Monday to Friday, 9:00 a.m. to 5:00 p.m., available to anyone over the age of 18. Recognizing the growing mental health challenges faced by post-secondary students, DCH is seeking to expand TeleCheck to include peer-support outbound calls for this demographic. To explore the potential of this novel mental health intervention, DCH partnered with McMaster University's Research Shop to conduct a rapid literature review on the benefits of peer-support and friendly call programs.

Research Questions

This report aims to answer the overarching research question: What are the benefits of peer-led outbound call programs for post-secondary students? A preliminary literature search highlighted a significant gap in programs specifically targeting this demographic and corresponding literature. As a result, the report focuses on addressing 4 key research objectives to evaluate the potential of such interventions by examining relevant aspects of student mental health needs, the role of peer support, and the applicability of outbound call programs.

The research objectives are as follows:

1. Assess the benefits of outbound call programs for recipients in general.
2. Understand the mental health needs of post-secondary (undergraduate) students.
3. Explore the benefits of peer-support mental health programs for post-secondary (undergraduate) students.
4. Investigate how peer support benefits post-secondary (undergraduate) students specifically in terms of resilience, coping mechanisms, academic outcomes, and sense of community (RCAS).

These objectives form the framework for evaluating how DCH's peer-led outbound call program might address unmet mental health needs among post-secondary students, emphasizing the importance of peer support and its broader impact.

Background

Post-secondary student's mental health- A global concern

Mental health among postsecondary students is a global public health concern due to high rates of psychological distress and suicidal ideation on college and university campuses (Auerbach et al., 2016; Wiens et al., 2020). Data collected from Canadian post-secondary institutions in 2019 through the National College Health Assessment (NCHA II) revealed a large number of students reporting their past-year stress level to be “more than average” (45.6%) or “tremendous” (15.3%). Additionally, many students reported feeling hopeless (63.6%), overwhelmed (88.2%) and anxious (68.9%). Around a quarter of students in the assessment reported having received a diagnosis of anxiety (24%) or depression (20%), with 16% reporting a dual diagnosis (Linden et al., 2023).

Mental health challenges among post-secondary students are linked to adverse outcomes such as lower academic performance, decreased graduation rates, and increased dropout rates. As a result, most postsecondary institutions offer several different mental health services to students. These may include social or peer support, promotion and outreach programs, health education, counselling services, accommodations, triage system for urgent care, and short-term therapy (Jaworska et al., 2016).

What is Peer Support?

Peer support can be theoretically defined as a system of giving and receiving help based on key principles of respect, shared responsibility and a mutual agreement of what is helpful (Mead et al., 2001). It involves empathically understanding someone else's situation through a shared experience of emotional and psychological pain. Theoretically, when individuals identify with others who they perceive as like themselves, a sense of connection is formed. This connection reflects a profound understanding rooted in mutual experiences, allowing people to be with one another without the limitations of conventional expert-patient dynamics (Mead et al., 2001).

Formal peer support programs bring together people with similar experiences to share knowledge for mutual benefit. Such programs may have value among university students due to the increasing prevalence of psychological distress in the student population, student utilization of counselling services, and perceived barriers to accessing counselling services (Byrom, 2018).

Challenges with meeting student mental health needs

Meeting the growing demand for mental health services on campuses is an ongoing challenge. Many students delay seeking help and remain unaware of available resources, making it difficult for institutions to effectively address mental health needs (Moghimi et al., 2023). Barriers to professional help-seeking include perceiving mental health concerns as undeserving of professional help, negative expectations of professional help, and believing informal strategies are sufficient. Thus, when students experience difficulties, they tend to turn first to their peers for support (Bastien et al., 2022).

Peer support groups may thus have value in higher education, supporting a necessary expansion in service provision as the less formal nature of peer support may avoid some barriers to help-seeking and encourage students to seek support earlier (Dimitropoulos et al., 2024; Park et al., 2020). While peer support encompasses a variety of approaches, from one-on-one mentoring to self-help groups, online apps and resources, this review focuses on outbound call programs.

Methods and Limitations

Methods

This rapid review identifies programs similar to TeleCheck via an environmental scan and systematically evaluates the potential of peer-led outbound call programs as a mental health intervention for post-secondary students. It examines the benefits of such programs for its target demographics, the mental health needs of post-secondary students, and the significance of peer support for this demographic by reviewing both academic and grey literature. The team developed comprehensive search strategies were developed for each research objective using an iterative keyword harvesting process. We sourced academic literature from established databases, including Dimensions, PubMed, Web of Science, ResearchGate, EBSCO, ERIC, and SpringerLink, and identified grey literature through targeted searches on Google. Lastly, we compiled the identified literature after screening titles based on the inclusion-exclusion (I/E) criteria co-developed with the DCH community partner (Table 1).

Table 1. Inclusion-Exclusion criteria.

| Inclusion Criteria | Exclusion Criteria |
|---|--|
| Articles ≤ 10 years old | Articles > 10 years old |
| Mental health/academic needs and outcomes | Non-mental health/academic outcomes |
| Text/online/call-based interventions | In-person/hybrid interventions or programs |
| Focused on post-secondary students ^a | Mental health of non-students ^a |

^anot applicable for studies on general benefits of outbound call programs.

The screening process involved two stages: abstract screening and full-text screening. The team included both primary empirical articles and secondary literature presenting quantitative, qualitative, or mixed-method data relevant to the research objectives. We screened primary articles through both abstract and full-text stages, and hand-searched secondary articles to identify additional relevant primary studies. After screening, we extracted metadata from the included studies, categorized it by sub-themes corresponding to the research objectives, and synthesized it into a narrative summary, which we presented as the findings of this report.

Limitations

This report has several important limitations that affect how the findings should be interpreted. First, there is very little research on peer-led outbound call programs in the Canadian post-secondary setting. Most of the existing studies look at different populations or take place in other countries. This means the findings may not fully reflect the needs and experiences of Canadian students. Moreover, many of the included studies have limitations in their designs. Small sample sizes and a lack of follow-up data make it hard to draw strong conclusions or understand the long-term effects of these programs. Differences in study methods and participant demographics also make it difficult to compare findings or apply them broadly. Therefore, the report can only speculate on the potential benefits of providing friendly call programs for students. While the research suggests these programs could improve social connections and mental health, the report does not address key practical factors like cost, scalability, or the ability to reach enough students. These are critical issues for any program but are beyond the scope of this review. Lastly, the report is also subject to the restrictions of a rapid review. The restricted timeline coupled with the lack of existing relevant literature limited the number of studies that could be included and the subsequent depth of analysis.

Results

Canadian Call Programs Comparable to TeleCheck

The environmental scan identified 19 call programs across Canada that shared similarities with TeleCheck (Table 3). These programs were categorized as comparable based on their outbound nature, open accessibility, or both. Additionally, programs specifically targeting post-secondary students were included, aligning with TeleCheck's goal to enhance support for this demographic.

Table 3. Summary of Canadian Call Programs Comparable to TeleCheck.

| Organization Name | Program Name | Target Location | Target Demographic | Supports post-secondary students only? | Is the program peer-led? | Outbound or Inbound? |
|---|---|----------------------------|-----------------------|--|--------------------------|----------------------|
| Red Cross | Friendly Calls Program | National | Anyone | No | No | Outbound |
| Rural Ottawa South Support Services | A Friendly Voice Program | ON, NS, NL, NB, PEI | Older adults | N/A | No | Inbound |
| Canadian Mental Health Association | Friendly Callers Seniors Support Program | Thames Valley Region | Older adults | N/A | No | Outbound |
| Canadian Mental Health Association | Friendly Callers 2SLGBTQ+ Seniors Support Program | Thames Valley Region | 2SLGBTQ+ Older adults | N/A | No | Outbound |
| WoodGreen Seniors' Care | Friendly Caller for Seniors | ON | Older adults | N/A | No | Outbound |
| Edmonton Meals on Wheels | Friendly Caller Program | AB | Anyone | No | No | Outbound |
| Tolfield and beaver county west family and community support services | In Touch Check in and Chat Program | Tolfield and Beaver County | County residents | No | No | Outbound |

| | | | | | | |
|---------------------------------------|---|----------------------|--------------------------------|-----|-----|----------|
| Government of British Columbia | Here2Talk | BC | Post-secondary students | Yes | No | Inbound |
| Simon Fraser University and Telus | Telus Health Student Support Program | BC | Post-secondary students at SFU | Yes | No | Inbound |
| Support Your People | Peer Support Phone Service | NS | Anyone (18+) | No | Yes | Inbound |
| Good2Talk | Good2Talk | ON, NS | Post-secondary students | Yes | No | Inbound |
| Strongest Families Institute | ICAN | National | Anyone (18+) | No | No | Outbound |
| Touching Base Program | Distress Centres of Greater Toronto | Greater Toronto Area | Anyone (16+) | No | No | Outbound |
| HealthPEI | Mental Health and Addictions Support Line | PEI | Anyone | No | No | Inbound |
| Tel-Aide Montréal | Tel-Aide Montréal | QC | Anyone | No | No | Inbound |
| Mobile Crisis Services, Inc. | Saskatchewan Farm Stress Line | SK | Rural residents | No | No | Inbound |
| Hope for Wellness | Hope for Wellness Helpline | National | Indigenous people | No | No | Inbound |
| Saskatoon Crisis Intervention Service | Mobile Crisis Service | SK | Anyone | No | No | Inbound |
| TAO Tel-Aide | TAO Tel-Aide Francophone Helpline | SK | Francophone residents | No | No | Inbound |

Study Characteristics

A total of 62 studies were retrieved through database searches and underwent deduplication, title screening, and abstract/full-text screening. Following this process, along with handsearching of reviews, 20 studies were selected for inclusion in the synthesis of this report (Figure 1).

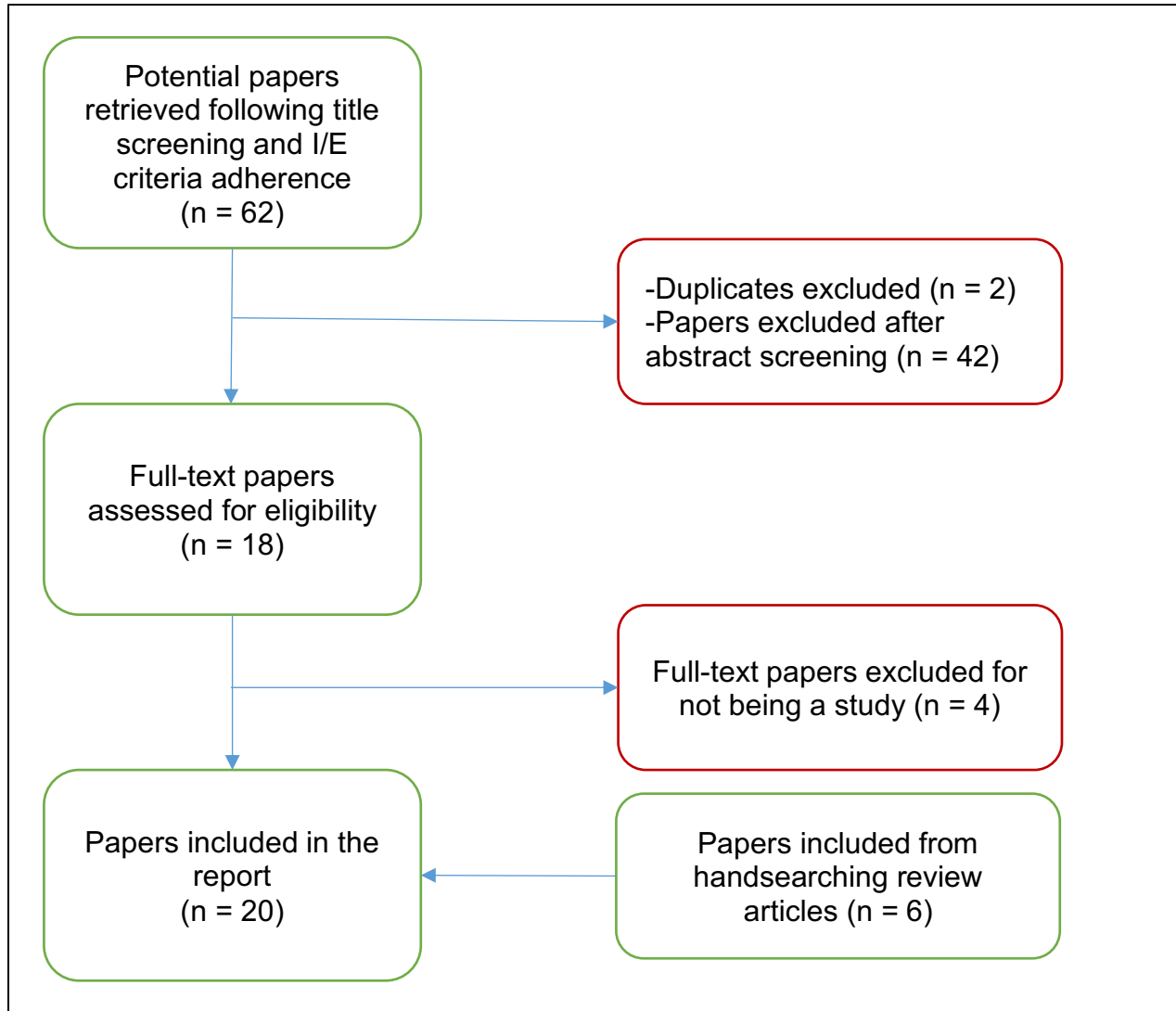


Figure 1: Flow diagram of excluded and included studies in the rapid review.

Metadata extracted from the included studies included author, year, study design and demographic information. Studies were also categorized by sub-themes in accordance with the 4 research objectives of this report. An overview of the characteristics of the included studies can be found in Table 2 below.

Table 2. Overview of study characteristics.

| Authors, Year | Study Design | Study Demographic | Post- secondary mental health needs | Benefits of outbound- call programs | General benefits of peer- support | Peer- support benefits for RCAS traits |
|----------------------------|-------------------------|--|--|--|--|---|
| Barbayannis et al., 2022 | Quantitative | 843 American post-secondary students | X | | | |
| Bastien et al., 2022 | Quantitative | 217 Canadian post-secondary students | | | X | |
| Diehl et al., 2018 | Quantitative | 689 German post-secondary students | X | | | |
| Dimitropoulos et al., 2024 | Qualitative | 25 peer support workers from 2 Alberta universities | | | X | X |
| Drysdale et al., 2021 | Mixed-methods | 52 Canadian post-secondary students | | | | X |
| Erbach et al., 2024 | Quantitative | 743 Canadian post-secondary students | | X | | |
| Gibbons et al., 2019 | Quantitative | 822 American post-secondary students | X | | | |
| Grégoire et al., 2024 | Quantitative | 107 Canadian post-secondary students, 54 in intervention group | | | X | |
| Johnston et al., 2024 | Qualitative | 30 student athletes in Ireland | | | | X |
| Karyotaki et al., 2020 | Quantitative | 21,369 first year post-secondary students from 24 countries | X | | | |

| | | | | | | |
|------------------------|---------------|---|---|---|---|---|
| Lee et al., 2021 | Mixed-methods | 13 participants of the Caring Callers program | | X | | |
| Lehane, 2017 | Qualitative | 10 clients of the Friendly Calls Cork program | | X | | |
| Lisnyj et al., 2021 | Qualitative | 14 post-secondary students and 24 shareholders | X | | | |
| Liverpool et al., 2024 | Mixed-methods | 778 British post-secondary students | X | | | |
| Moghimi et al., 2023 | Quantitative | 448 Canadian post-secondary students | X | | | |
| Moir et al., 2016 | Quantitative | 275 medical students in New Zealand | | | | X |
| Park et al., 2020 | Qualitative | 19 post-secondary students | | | X | |
| Robinson et al., 2016 | Mixed-methods | 400 Canadian post-secondary students | X | | | |
| Wang et al., 2022 | Mixed-methods | 23 post-secondary students in a nursing program | | | X | |

Students' Mental Health Needs

Main mental health issues for students

Mental health issues are among the top issues students face during their post-secondary education and have become more prevalent in recent years (Lisnyj et al., 2021). As well, factors heavily associated with attending a post-secondary education institution including academic stress and the transition from high school to university have been connected to worsening student mental health (Barbayannis et al., 2022; Gibbons et al., 2019;

Robinson et al., 2016). Gibbons et al. (2018) found in their 2018 survey that the biggest mental health-related issue students noted was high stress (58.3%), with many saying it was due to academic demands. This is especially significant considering Robinson et al. (2016) found that 63.1% of students have concerns about their academic life, namely with issues of time management (29%) and procrastination (32%) (Robinson et al., 2016).

In terms of the kind of mental health issues students most experience, researchers have consistently observed symptoms of anxiety, depression, and high levels of mental distress in the post-secondary student population across nations (Karyotaki et al., 2020; Moghimi et al., 2023; Robinson et al., 2016). Moghimi et al.'s (2023) survey of 448 post-secondary students found that 66.5% of students experienced a decline in their mental health since starting university, have poor coping skills for dealing with their mental health (62.4%) (often relying on distractions or food), and saw that 58% of students were experiencing anxiety and 59.6% were experiencing depression symptoms at the time of the survey. Similarly high rates of mental unwellness were seen in the students surveyed for Robinson et al. (2016)'s study, with 31.6% of participants experiencing anxiety symptoms, and 31.9% experiencing depression symptoms. In this same survey of 400 students, Robinson et al. (2016) found that 42% of males and 43% of females met or exceeded the criteria for clinical levels of psychological distress according to the General Population – Clinical Outcomes in Routine Evaluation (GP-CORE).

Some studies have also examined the ways in which experiencing stressors correlate with the experience of mental illness in students, and while causation has not been established, there does appear to be a relationship between stressful life circumstances and increased odds of experiencing a mental health disorder (Karyotaki et al., 2020). Of the six areas of life Karyotaki et al. (2020) tested for stress, many related to interpersonal relationships (namely: relationships, relationships at work or school, love life, problems experienced by loved ones). The choice to test for stress in these areas aligns with existing research, as many existing studies have shown relational issues to be a significant factor for the mental wellbeing of students (Diehl et al., 2018; Karyotaki et al., 2020; Lisnyj et al., 2021).

Research shows that college students of all ages commonly struggle with romantic relationships (Lisnyj et al., 2021; Robinson et al., 2016). Karyotaki et al.'s (2020) found that romantic relationships stress was common among students (66.8%) and related to experiencing mental health issues. Aside from romantic relationships, having or feeling a lack of social connectedness has also been reported as a cause for concern by many students (Diehl et al., 2018). This correlation is especially relevant when considering the proportion of the student body that reports feelings of loneliness to a moderate to severe degree, which according to Diehl et al.'s (2018) findings, amounted to a combined 34.6%

of university students. While social loneliness or having a lack of friends or connections overall was not particularly high in Diehl et al.'s (2018) study, the experience of emotional loneliness to any degree (i.e. feeling as if connections are surface level, perceiving low authenticity in relationships, etc.) was more prominent (44.9%) (Diehl et al., 2018). Liverpool et al. (2024) further noted that students have a need for a community environment. One reason is that such environments may help encourage therapeutic conversations with fellow peer groups, specially for marginalized populations. In the interviews, an immigrant student with special education needs expressed, ***"I wish that there were more chances to openly discuss mental health with other students like me, more group-therapy type of environments..."*** (Liverpool et al., 2024).

Barriers to seeking help

While many studies indicate that most students have at least some level of awareness of their institutions' mental health services, many face barriers to actually making use of these resources (Robinson et al., 2016; Gibbons et al., 2018). One factor that was consistently agreed upon by many respondents was that stigma around seeking help was a barrier (Gibbons et al., 2018; Moghimi et al., 2023). When surveyed about their reasons for not seeking help, 31.4% of students in Moghimi et al.'s (2023) study indicated that it was due to the perceived stigma of receiving counseling. In contrast, when the 822 students in Gibbons et al.'s (2018) study were surveyed about why other students may not seek help, a significantly greater proportion of students believed it was due to stigma (93.5%). While measures were quite different, both studies found that stigma can play a large role in diminishing some students' desire to seek support. These findings are concerning given that the students who need help the most are often individuals who are less likely to seek help (Robinson et al., 2016). This sentiment was echoed in Robinson et al.'s (2016) finding that one of the most common reasons students reported not seeking counselling (54.5% of respondents) was because they believed they were not in distress and did not need to make use of the service. Of the students who selected this response, 32.5% met or surpassed the criteria for being under psychological distress to a clinical degree. Further, feeling uncomfortable seeking help was over twice as common of a reason given by the students with significant psychological distress (12.7% across the whole sample, 28.7% in psychologically distressed students).

Time and cost are another barrier to students seeking mental health support. Long wait times to be seen by a professional was something 47.6% of students in Moghimi et al.'s (2023) study stated as a barrier. Time constraints or not having the time to seek help was also noted by 34.9% of students in this sample. Robinson et al. (2016) also found this to be a common reason, with it being the most popular reason among the significantly distressed student population (54.3% of significantly distressed students, and 43.5% of the general student population). 75.8% of students in Gibbons et al.'s (2018) study also

indicated that this is a reason other student do not seek mental health support. Regarding financial barriers, 68.9% of students in Gibbons et al.'s (2018) study believed the cost of treatment to be a barrier in students' help seeking, and in parallel to this finding, Moghimi et al.'s survey showed that 50.5% of students said cost was a barrier to their own help seeking.

Benefits of Outbound Call Programs

Out of the 20 studies included in this report, only three assessed the benefits of call programs on their intended demographics. Of these, two focused on outbound call programs and their mental health effects on older adults (Lee et al., 2021; Lehane, 2017).

In Lee et al.'s (2021) study, 13 clients were interviewed following a 12-week friendly calls program. Quantitative data revealed a significant increase in overall health among participants ($p = 0.04$). Additionally, participants' mean Likert scores in response to the statements "I felt happier and safer knowing someone would check on me" and "I look forward to the calls" were 4.67 and 4.50 out of 5, respectively. Highlighting the program's impact, 40% of participants expressed how much the intervention alleviated feelings of loneliness. One participant described their experience, stating, ***"I've got family and grandchildren, but I also live alone and it's nice to have somebody that you can talk to,"*** (Lee et al., 2021).

Similarly, interviews with 10 clients of the Friendly Call Cork (FCC) program in Ireland underscored the positive effects of friendly call programs. Participants reported relying on FCC to reduce feelings of isolation, loneliness, and depression (Lehane, 2017). One individual explained, ***"I had a lot of problems, and they came upon me all of a sudden and my family were not there we don't talk.... I was in a position that I needed it [Friendly Call Cork] badly"*** (Lehane, 2017). Lehane (2017) also found that participants experienced increased confidence and security due to the emotional support provided by callers. As one client articulated, ***"...it builds up my confidence, it helps me to build up my strength... it makes you feel known and loved."***

Although not an outbound call program, a cross-sectional survey evaluated the outcomes of using Good2Talk, an inbound crisis helpline for post-secondary students (Erbach et al., 2024). Quantitative analysis showed significant decreases in distress and increases in clients' ability to face their concerns after contacting the helpline. Among 743 post-secondary student participants, 540 (87.2%) reported that the calls helped them address at least one of their concerns. This aligns with findings of significant reductions in distress and improved capacity to face concerns following counselling through the helpline (Erbach et al., 2024).

Peer-Support for Post-Secondary Students

Semi-structured interviews with 25 peer-support workers conducted by Dimitropoulos et al. (2024) revealed that peer support programs help students transition into post-secondary life and develop social connections. New students, often feeling isolated in an unfamiliar environment, rely on such programs to mitigate loneliness. One peer support worker (PSW) recalled a student expressing gratitude, saying, ***“I’m so glad you guys have this program you know like I’m new here, I feel very lonely and stuff so thank you for hosting this type of stuff [peer support program]”*** (Dimitropoulos et al., 2024).

PSWs also provide academic support while promoting mental health and self-care. As students themselves, they understand the academic pressures impacting mental health and use their lived experiences to guide new students. One PSW noted, ***“What was the class average for that? Sure, you got a seventy, but the average was only a seventy-two, so you’re not doing as bad as you think you’re doing, right? And having somebody that knew that and tell you what to look for when you get a bad grade was really important”*** (Dimitropoulos et al., 2024). This is corroborated by Wang et al. (2020) who evaluated 23 nursing students enrolled in a peer-led mentorship program. Interviews with the students revealed alleviation of academic stress and increased wellbeing. This is because mentors were not only able to provide academic support and guidance but also create a sense of community through sharing lived experience. As one student attested, ***“As my mentor shared her own experiences of difficult situations in practice, I felt more comfortable and compassionate towards myself in clinical practice”*** (Wang et al., 2020).

Quantitative evidence supports these findings. A randomized controlled trial of 107 post-secondary students by Grégoire et al. (2024) demonstrated that an online peer support program significantly reduced anxiety and stress symptoms in over 70% of the intervention group (n = 58) compared to the control group. These results highlight the effectiveness of peer support in enhancing psychological flexibility and reducing psychological rigidity, supporting students’ mental health while fostering skills essential for academic success (Grégoire et al., 2024).

Furthermore, a survey of 217 post-secondary students using a web-based mental health program revealed that 91% found the program relevant and helpful when delivered informally by a peer, compared to 81% for professional delivery (Bastien et al., 2022). This preference for peer support was echoed in findings by Park et al. (2020), who interviewed 19 post-secondary students and found that many relied on peers to manage stress. Students preferred casual, informal settings where they could receive support from those who understood their challenges. For example, one participant shared, ***“It makes***

me feel good about how things are. I get to offload my emotional stress. I do that [talk about problems] once a week when we [friends] all get together” (Park et al., 2020).

However, the effectiveness of peer support depends on its consistency and longevity. Inconsistent support can lead to feelings of loneliness, as strong relationships and trust require time to develop. Frequent transitions between social circles often disrupt peer support networks, as students hesitate to share personal struggles to avoid creating undesirable first impressions. One participant explained, ***“I wouldn’t necessarily want people to know that to be the first thing they know about me. I want them to know me as a person. I feel like, yes, that’s an important thing to know about me in a friendship and stuff, but I don’t want that to be the first thing”*** (Park et al., 2020).

Improving Resilience, Coping Mechanisms, Academic Outcomes and Sense of Community (RCAS) through Peer-Support

Resilience

A study of 275 medical students, randomly assigned to a peer-support program and surveyed for various mental health factors, found no statistically significant differences in mental health outcomes between the intervention and control groups (Moir et al. 2016). However, Moir et al. (2016) acknowledged evidence supporting peer support for mental health improvement. The study’s non-significant results were attributed to the non-adherence of peer mentors to the study protocol and the small intervention group size ($n = 111$). In contrast, a survey of 21 post-secondary students who attended peer-support sessions either online or in person demonstrated a significant increase in self-control, or resilience, following the intervention ($p < 0.001$), providing support for the use of peer support to enhance resilience in post-secondary students (Drysdale et al., 2021). This is supported by the quantitative findings of Grégoire et al. (2024) as students receiving peer-support demonstrated significantly higher psychological flexibility and reduced psychological rigidity ($p < 0.004$).

Coping Mechanisms

Liverpool et al. (2024) identified that marginalized post-secondary students reported higher use of various coping mechanisms, including talking to loved ones, practicing faith, engaging in creative activities, or distracting themselves while waiting for problems to resolve. Another study highlighted the role of peer support in fostering constructive problem-solving and emotional regulation through collaborative, strength-focused approaches. These methods aim to empower students to identify their own strengths and resources to manage their challenges which can improve coping skills (Dimitropoulos et

al., 2024). As one PSW explained, ***“Our goal is to kind of empower them to be able to think of their own strategies to kind of mitigate their concerns... it would be identifying their own strengths and their own resources, so their social or self-care activities that they like to do, their strengths, people that they can reach out to”*** (Dimitropoulos et al., 2024). However, none of the included studies explicitly assessed the effect of peer support on students’ coping mechanisms.

Academic Outcomes

The study by Grégoire et al. (2024) found that 58.3% of post-secondary students in the intervention group receiving peer support reported improved academic engagement, though this result was not statistically significant. This trend aligns with existing literature, but the lack of significance was attributed to the study design by the authors (Grégoire et al., 2024).

Although most included studies did not directly assess academic outcomes in post-secondary students receiving peer support, many demonstrated a positive reception of and need for academic support within peer support programs. For instance, student mentees interviewed in Johnston et al. (2024) expressed a desire for program-specific matching with mentors for tailored support but still valued academic assistance provided by mentors from other disciplines. One mentee stated, ***“My mentors are like really good at like helping me set up schedules, what to study, when to study, how to prepare for it and stuff”*** (Johnston et al., 2024).

Similarly, nursing students interviewed in Wang et al. (2020) reported reduced academic stress following peer mentorship, as close guidance and resources helped them feel better equipped to meet academic expectations. One participant explained, ***“My mentor helped me a lot especially for my learning plan after doing poorly on HESI [exam] which greatly alleviated my stress on doing well on my final year”*** (Wang et al., 2020). Peer support workers (PSWs) interviewed in Dimitropoulos et al. (2024) similarly reported referring students to academic support services and accommodations to help mitigate high levels of academic stress faced by these students.

Sense of Community

Dimitropoulos et al. (2024) demonstrated that Peer Support Workers (PSWs) can effectively address mental health challenges by creating a safe space for students to share openly and form meaningful connections. The shared developmental stage between PSWs and their peers fosters strong relationship-building. One PSW explained, ***“Having someone who (has) a greater understanding of all of the student***

perspectives for sure... it can be sometimes more helpful to talk to someone who knows what you're going through" (Dimitropoulos et al., 2024).

Similarly, Johnston et al. (2024) conducted 30 interviews with post-secondary staff and students involved in a peer mentoring program, finding that it enhanced participants' sense of belonging. This was attributed to the program's ability to create an environment that supports social connections and encourages students to share their needs. A peer mentee highlighted this close relationship, stating, ***"I've developed such a great relationship with my mentor, and I feel like it's kind of cliché, like I feel like we're friends. Yeah, it's so easy to talk to her, but not even for just school stuff, just like personal stuff"*** (Johnston et al., 2024).

For remote or marginalized students, these programs are particularly crucial. In a randomized controlled trial of a peer-support program involving 52 post-secondary students, Drysdale et al. (2021) found that students in the peer-support group formed sustained social relationships, whether interactions occurred in person or online. This success was attributed to the non-judgmental sharing of experiences and advice, with 100% of participants reporting that they enjoyed and benefited from the sessions. Participants expressed sentiments and comments such as ***"feeling cared for," "a way to reduce stress," "the ability to talk about personal problems and difficult emotions," and "miss the supportive environment"*** (Drysdale et al., 2021). Online peer-support sessions were particularly described as ***"comfortable and welcoming,"*** underscoring their effectiveness in reducing isolation and fostering camaraderie even in virtual settings. Quantitative analysis supported these findings, with significant increases in social involvement and sociability ($p < 0.001$) observed for both in-person and online intervention groups post peer-support (Drysdale et al., 2021).

Discussion

The mental health of post-secondary students is a growing concern, with many facing significant challenges such as academic stress, anxiety, depression, and interpersonal relationship issues. These challenges are compounded by barriers to seeking help, including stigma, time constraints, and financial concerns (Karyotaki et al., 2020; Moghimi et al., 2023; Robinson et al., 2016). Our research suggests that peer support through an outbound friendly call program staffed by trained volunteers may have the potential to address common barriers to seeking help and bridge the gap in student mental health needs.

Although limited, research on outbound call programs that are often for older, vulnerable demographics have demonstrated considerable benefits for their target populations.

These programs have been shown to reduce loneliness and improve mental health outcomes, which may provide a model that could be adapted for post-secondary students (Lee et al., 2021; Lehane, 2017). The key elements of these programs—regular check-ins, emotional support, and the building of a supportive relationship—may also be relevant for students, who often experience a sense of isolation, especially during transitions into university life (Diehl et al., 2018). Adapting such programs to provide peer support may further enhance the mental health of post-secondary students. Studies have found that peer support programs can create a sense of community and belonging by leveraging the shared experiences of peers, which is crucial for mental well-being (Dimitropoulos et al., 2024; Wang et al., 2020). Peer-support has also been shown to help students develop coping mechanisms, enhance resilience, and may even positively impact academic outcomes by providing academic support and reducing academic stress (Grégoire et al., 2024; Johnston et al., 2024; Liverpool et al., 2024; Wang et al., 2020). The shared understanding and relatability of peer supporters and the informal setting of such programs are favoured by the students, which could further reduce the stigma associated with seeking help, make support more accessible and improve students' mental health (Bastien et al., 2022; Park et al., 2020).

Incorporating peer support into an outbound call model could effectively address students' mental health needs and reduce barriers to accessing mental health help. Regular calls from trained peer supporters could offer steady emotional support, helping students manage stress and anxiety related to both their mental health and academic challenges. These interactions may also serve as a gateway to other mental health resources, potentially guiding students toward additional support when needed. The flexibility of an outbound call program may allow it to fit into students' busy schedules, overcoming the barrier of time constraints. Additionally, because these programs may be offered at no cost to students, they could also mitigate financial barriers. The anonymity and convenience of receiving support over the phone could also reduce the stigma surrounding seeking help, encouraging more students to engage with the service.

A program like TeleCheck, adapted to include peer-support for post-secondary students, could foster a supportive community that enhances students' overall well-being. By providing a reliable, consistent source of emotional support, the program could help students navigate the pressures of academic life, reducing feelings of loneliness and isolation. Moreover, the skills and resilience developed through peer-support interactions could have lasting benefits, equipping students with the tools they need to succeed both academically and personally.

Future Steps

The findings of this rapid review highlight the significant potential of the TeleCheck program to positively impact the post-secondary student demographic, particularly through the integration of peer support. As noted in the environmental scan, while similar programs exist, none in Canada combine an outbound, peer-led, and student-centered approach. By expanding TeleCheck to focus on post-secondary students and incorporating peer support, TeleCheck could become a pioneering program, offering consistent, reliable, and easily accessible personalized care tailored to students' mental health needs.

To evaluate the feasibility of this expansion, DCH should first gather feedback from current student users of TeleCheck and assess the broader interest among post-secondary students in outbound call programs. Considering the innovative nature of this proposed expansion, conducting an environmental scan of financial and logistical operations from similar student-centered or crisis intervention programs could provide valuable insights into the potential labor and financial requirements. Collecting primary, quantitative data on student engagement and interest will be crucial for determining the program's viability and the potential for scaling TeleCheck to effectively serve the post-secondary student population in the greater Halton region.

Conclusion

This review shows the significant potential of peer-led outbound call programs to address the unique mental health challenges faced by post-secondary students. Findings indicate that such programs can reduce loneliness, enhance resilience, and improve academic outcomes by fostering a sense of community and providing accessible, empathetic support. In particular, peer support emerged as a highly effective approach, with students valuing its relatability and informality, which reduces stigma and encourages help-seeking behavior.

While outbound call programs have been successful in other demographics, such as older adults, the adaptation of these programs to post-secondary students presents an opportunity to fill critical service gaps. Peer-led models leverage shared experiences to create meaningful connections and address barriers like stigma, financial constraints, and time limitations, making them well-suited for this population.

However, the review also identified limitations, including the scarcity of research specifically focused on Canadian post-secondary students and the variability in study

designs and outcomes. These constraints underline the need for further research to evaluate the feasibility and scalability of implementing such programs in this context.

The findings suggest that integrating peer support into an outbound call framework could offer a practical and impactful solution to improve student mental health. Future initiatives should prioritize pilot programs to assess effectiveness, refine program design, and explore broader implementation to enhance the well-being and academic success of post-secondary students.

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