Executive Summary

An Independent Evaluation of the Peer Education Project 2020 – 2022

"I personally enjoyed all of them. I thought it was brilliant to continue to learn along the way as well so it wasn't just the year sevens who were learning, I think we all learnt along the way and it was also good to get to know the year sevens and how their minds work."

Peer Educator

Contents

"I never used to talk to my parents about my problems because I hate people worrying about me but ever since the programme, I've talked to them a little bit more."

Peer Learner

Meet the research team

Ms. Ruth Simmonds, BSc – Project Manager,
Mental Health Foundation

Ms. Esther Curtin, MSc – Research Associate,
Bristol Medical School, University of Bristol, UK

Ms. Emily Widnall, MSc - Senior Research Associate,
Bristol Medical School, University of Bristol, UK

Dr. Judi Kidger, PhD - Senior Lecturer,
Bristol Medical School, University of Bristol, UK

Dr. Steve Dodd, PhD - Senior Research Associate,
Division of Health Research, Lancaster University, UK

Dr. Mark Limmer, PhD - Senior Lecturer,
Division of Health Research, Lancaster University, UK

Dr. Alexandra Kaley, PhD - Lecturer,
Division of Health Research, Lancaster University, UK

Dr. Abigail Russell, PhD - Senior Lecturer in Child and
Adolescent Mental Health, University of Exeter, UK
(seconded to University of Bristol, UK)

Overview of the Peer Education Project

"It is incredibly important that as a school we support our students to explore and understand what mental health is, in a safe environment. The topic of mental health should not be seen as 'an add on' or a one-off lesson, pupils should continue to have opportunities to explore and develop their own ways of looking after their wellbeing. The Peer Education Project is one of the many ways we are supporting students in our school."

Staff Lead

The project's model

The **Peer Education Project (PEP),** developed in 2015 in partnership with three secondary schools, is comprised of a five-lesson mental health syllabus. The lessons, which have been updated year-on-year, currently cover:

- **What is mental health?** - understanding the concept of mental health, and how it can change over time and in response to different factors.

- **Why do mental health problems happen?** - understanding that mental health is unique to each person and can be affected by a range of risk and protective factors.

- **Staying well** – understanding how the Tips for Good Mental Health can help our mental health and wellbeing.

- **Looking after yourself** – identifying ways to look after ourselves when we are not feeling at our best, and the sources of support we can use.

- **Looking after each other** – understanding how important supportive relationships are to our mental health, and how we can support others.

The project is modelled on senior pupils within a school, known as Peer Educators, delivering the lessons to pupils typically aged 11, known as Peer Learners. Peer Educators, aged 14 and above, are selected and trained by School Staff using detailed training plans. Each Peer Educator has access to a handbook, which includes the lesson plans.
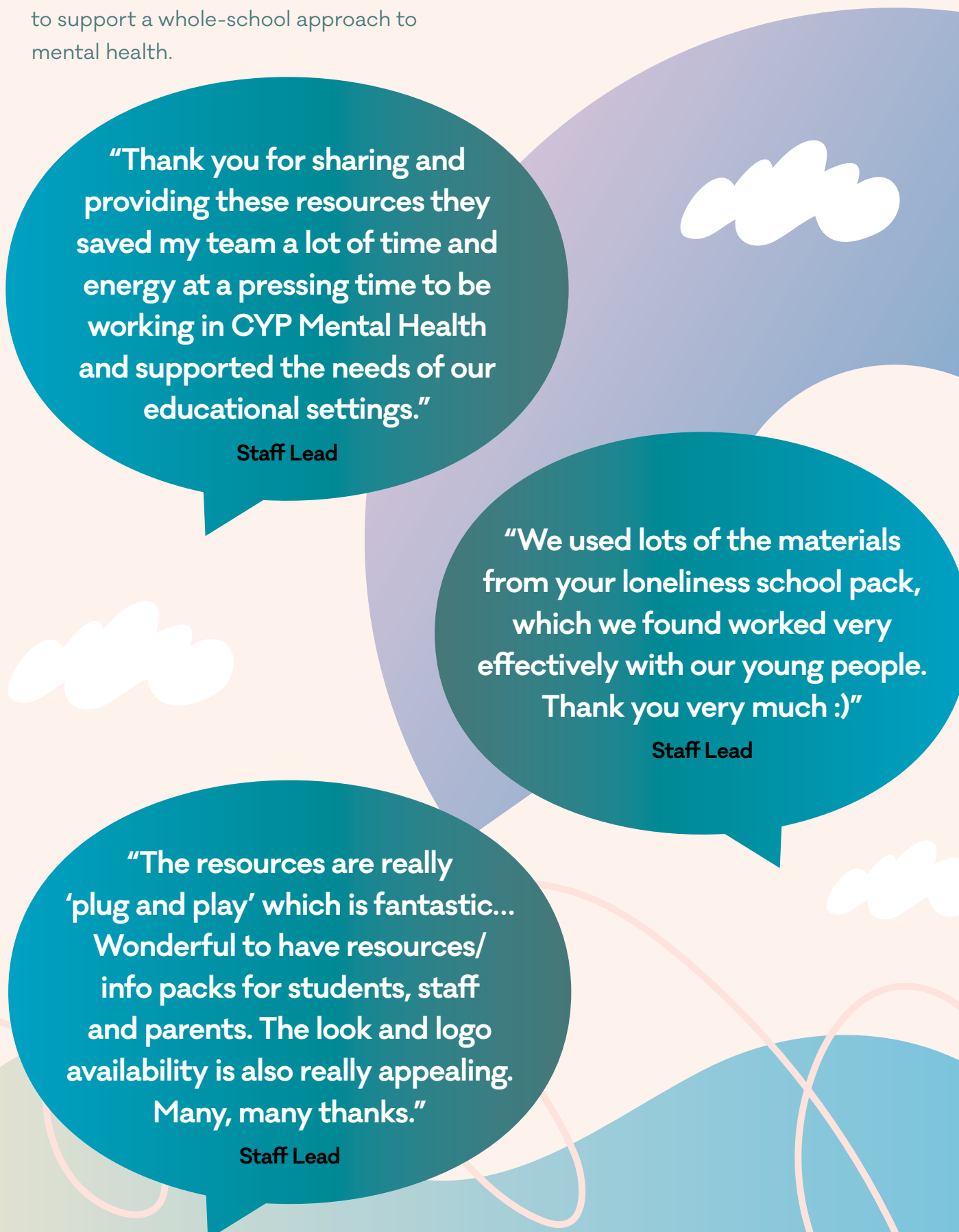
> "I think it was easier that they were close to our age – they understood our feelings a bit more."
>
> **Peer Learner**

The PEP has also expanded the topics covered by developing additional lessons and assemblies with project schools, to support a whole-school approach to mental health.

The additional lessons and assemblies are available to any school. **Find out more here.**

"Thank you for sharing and providing these resources they saved my team a lot of time and energy at a pressing time to be working in CYP Mental Health and supported the needs of our educational settings."

Staff Lead

"We used lots of the materials from your loneliness school pack, which we found worked very effectively with our young people. Thank you very much :)"

Staff Lead

"The resources are really 'plug and play' which is fantastic... Wonderful to have resources/ info packs for students, staff and parents. The look and logo availability is also really appealing. Many, many thanks."

Staff Lead

Prior evaluations

Internal evaluations

From 2015 to 2020, the PEP had been internally evaluated each year using pre- and post- school surveys. The surveys measured:

- **Knowledge** – the understanding of key mental health literacy terms.

- **Skills** – the recognition and use of ways to stay well, seek help and support others.

- **Attitudes** – the awareness of perceived stigma and attitudes towards help-seeking and helping others.

Year-on-year the internal evaluations found consistent post-programme results.

The following results are drawn from the 2018/19 academic year evaluation:

- 95% of pupils reported that they "know what mental health means"

- 48% of pupils reported that they "know what stigma means", increasing from only 13% at the start of the project.

- 96% of pupils said that they would "definitely" or "maybe" recommend that others take part in the project.

- 66% of pupils said it was "very helpful" to learn from Peer Educators rather than their usual teacher or another adult

- 83% of pupils said that the topics were relevant to them.

"I realised after doing these sessions that I didn't know much about mental health. It really helped me personally, and it was rewarding – and fun."
Peer Educator

"It makes you more aware of what's going on around you... know how to help your friends if they talk to you about it and how to get help yourself."
Peer Learner

"I would definitely recommend running this project. We need things like this within school to stress how important our mental health is. I wish that my school year was given the same opportunity to learn about it."

Peer Educator

"It is better for young people to teach younger pupils about mental health. They are close to your age and get what you are feeling."

Peer Learner

A previous independent evaluation

In 2016/17, the Mental Health Foundation commissioned the Anna Freud Centre for Children and Families to independently evaluate the PEP. The mixed-method evaluation assessed how the PEP impacted the Peer Educators and Peer Learners on the following measures:

- Emotional and behavioural difficulties

- Perception of the school climate

- Confidence to talk about mental health

- Knowledge of available information and resources

- Readiness to support others

- Knowledge of key mental health terms

- Confidence in key skills related to their management of mental health

The evaluation also aimed to review the relevance, usefulness and acceptability of the programme from both pupil and staff perspectives.

"My overall feelings are that it's a really good programme. It's really worthwhile and obviously it's [mental health] so at the forefront at the moment, it's great to be discussing it, and for it to be so visible within a school."

Staff Lead

Six secondary schools from England and the Channel Islands took part in the evaluation, with 45 Peer Educators and 455 Peer Learners completing pre- and post-questionnaires. The results showed significant changes in pupil-reported key skills for both Peer Educators and Peer Learners, and in understanding of key terms and readiness to support others for Peer Learners.

The findings are published in::

- **The Journal of Public Mental Health (journal paper) (1)**

- **A final evaluation report (pdf)**

Overview of the current independent evaluation of the Peer Education Project

In 2020, the Mental Health Foundation partnered with the University of Bristol and Lancaster University to conduct another independent evaluation of the PEP.

The study included three parts and had the following aims:

Part 1: What evidence is there from previous studies that peer education in secondary schools is effective in improving health, and what are the ways ('mechanisms') through which peer education leads to improved health?

Part 2: Can we devise a questionnaire that accurately assesses mental health literacy in adolescents, and do we see any change in students' mental health literacy before and after receiving the PEP?

Part 3: How does the PEP intervention currently work in schools, how is this affected by different school contexts, and how can this learning be used to identify improvements for the PEP in the future?

The protocol was published in the BMC Public Health journal (2). **Read here for more information.**

Part 1: Peer education as a model - reviewing the literature

Part 1: What evidence is there from previous studies that peer education in secondary schools is effective in improving health, and what are the ways ('mechanisms') through which peer education leads to improved health?

We searched five online scientific databases and identified over 2,000 studies. Of these, we included 92 studies in our review. To be included, studies needed to evaluate a school-based peer education intervention and address aspects of the health of students aged 11-18 years old.

Of the 92 studies that were included, a broad range of health areas were covered. The majority of interventions related to sex education, alcohol, smoking and substance use, and promoting healthy lifestyles which included things like nutrition and physical activity. Figure 1 illustrates the range of health areas covered within the literature.

Figure 1. Number of papers documenting peer education interventions by health area.
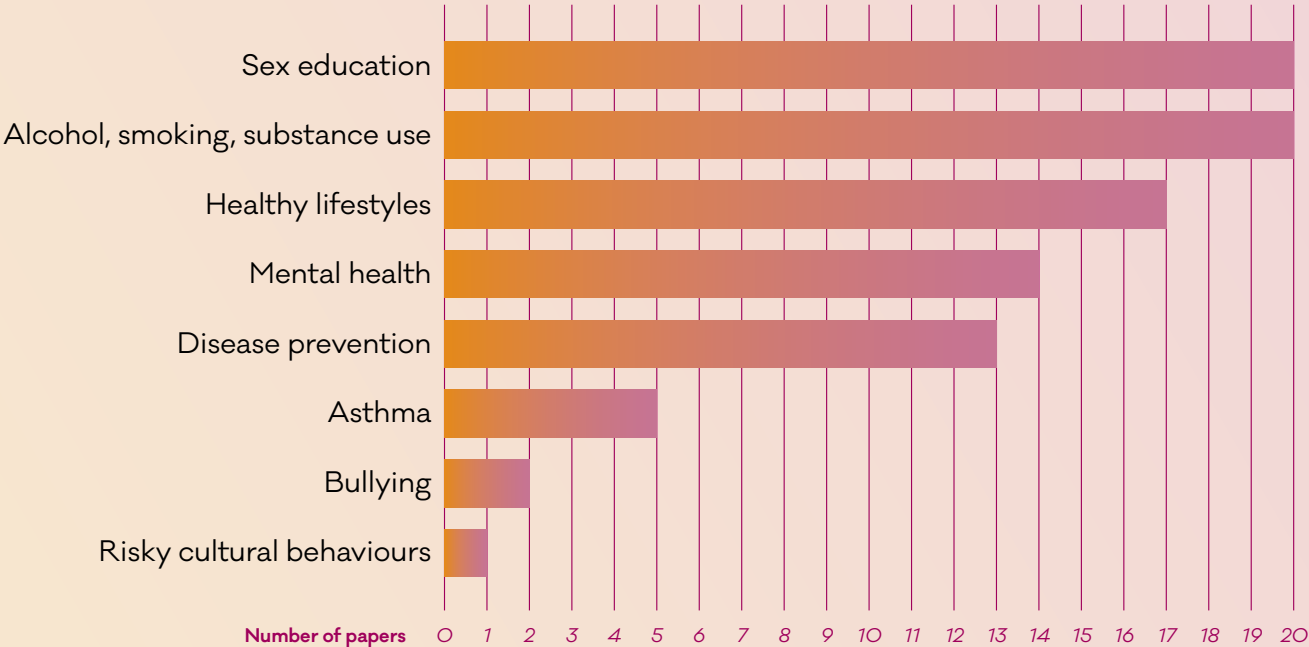
Evidence of effectiveness

Of the 92 studies, 74 of these used questionnaire designs to measure how effective the interventions were. A wide variety of measurements were used to assess effectiveness, these mainly looked at knowledge of a health area, attitudes towards health and changes in health-related behaviours. Many studies created their own measurements that were specific to the intervention.

An interesting finding was that the large majority of studies focused on Peer Learner outcomes (67 papers, 90%), with only seven papers (9%) focusing specifically on Peer Educator outcomes, and only four papers (5%) looking at both Peer Learner and Peer Educator outcomes.

Summary of Peer Learner outcomes

Of the 67 papers reporting on Peer Learner health outcomes, 37 (55.2%) showed evidence of effectiveness, seven (9%) showed mixed findings and 23 (34%) found limited or no evidence of effectiveness.

Of the 37 papers that demonstrated effectiveness, 10 studies (27%) were rated as high quality. Therefore only 14% of the total papers showed evidence of effectiveness and were rated as high quality.

Summary of Peer Educator outcomes

Of the eleven papers reporting on Peer Educator health outcomes, four (36.4%) showed evidence of effectiveness, two (18.1%) showed mixed findings and five (45.5%) showed limited or no evidence of effectiveness.

Of the four papers showing evidence for effectiveness, two studies (50%) were rated as high quality.

There is some evidence that school-based peer education interventions can improve health, however only 12/74 studies were found to be effective and rated high quality. Our findings indicate that more robust and high-quality evaluations of peer education interventions to improve health are needed.

Mechanisms of peer-education interventions impacting on health improvement

We reviewed all 92 papers included in the review to identify mechanisms which may lead to health improvement within school-based peer education. A number of mechanisms were identified within the literature to explain why peer-education interventions may lead to health improvement. These are summarised in Table 1.

Table 1. Description of 'mechanisms' to explain how peer education works in previous studies.

Mechanism	Description
The value of co-producing the intervention with Peer Educators	By involving Peer Educators in each stage of the intervention, including design, you can increase the level of engagement and impact of it, ensuring the content is relatable to and deliverable by Peer Educators.
Promoting 'natural' peer-peer dynamics	Peer education interventions can harness the power of 'natural' peer social interactions. Many peer education interventions attempt to channel the spontaneous and supportive nature of these social interactions toward more specified goals, within a focused environment. Compared to traditional teacher-pupil interactions, Peer Educators are given freedom to interact with peers, interpret their role, and more subtly influence their younger peer's knowledge and behaviour.
The credibility of Peer Educators and shared values	Peers can be perceived as more credible and balanced sources of information than authority figures - e.g., they may be perceived to have more relevant experiences than teachers or be facing similar concerns. Due to their credibility, Peer Educators are viewed as having shared values and therefore may be better placed to communicate with their younger peers in comparison to teachers.
Diversity of Peer Educators	Peers may be more likely to be seen as credible when they reflect the diversity of their peer group, for example the group of Peer Educators are diverse in age, gender, socio-economic status and ethnicity.
Peer Learners selecting Peer Educators	Peer education interventions may be more effective when younger peers are involved in the selection of older peers who will be teaching them. Some evidence also suggests that Peer Educators who are friends with Peer Learners are likely to be more effective.
Peer education as a provider of safe, nurturing spaces	Peer-peer relationships may feel like a better situation in which to discuss sensitive topics. Participants may feel safer to express emotions and not be judged. Experiences of this sort can also heighten feelings of belonging among some participants who may feel alone.

Conclusion

Peer education interventions are a popular method to try and improve young people's health outcomes, particularly their knowledge, attitudes and health-related behaviours. There is some evidence that peer education interventions lead to health improvement among young people, however the evidence overall is very mixed and many existing evaluations of health interventions are not high in quality. There is also a really wide variety of ways that the effectiveness of an intervention is measured, as well a number of suggested mechanisms involved in how the peer education model leads to health improvement. Peers are often viewed as role models who share similar values, interests and experiences with their younger peers and who can create an open, safe and relaxed learning space. When recruiting Peer Educators, it is important to involve younger peers in the selection process and ensure a diverse group who are representative and relatable to younger students.

More high-quality evaluations of peer education interventions are required to continue to understand how effective they are in particular health areas and why. Further research is particularly needed to understand the possible benefits on Peer Educators as these studies are limited. We also need further understanding of how peer education interventions work to improve health and what contexts they may be most successful in.

Methods for the main evaluation

Six schools were recruited in the South West and North of England that implemented the PEP for the first time and took part in all data collection activities (two fee-paying single sex boarding schools and four mixed state schools, including one with above average free school meal eligibility). Two additional schools were also recruited – a single-sex grammar school that only took part in the reliability testing of the survey measures, and a mixed state school that had previously delivered the PEP that took part in the interviews and focus groups.

Peer Educators and Peer Learners were selected and recruited by the Staff Lead at each school. The Peer Educators were in Year 10 to 13, and the Peer Learners in Year 7 to 9. Headteachers provided informed consent for their schools' participation in the research, parents of Peer Learners were sent study information sheets with the option to opt their child out of the study data collections (no parents did this), and the Peer Educators provided informed consent prior to the survey or focus group.

See Table 2 for the characteristics of the schools, indexed by anonymous ID number assigned to each. Seven schools participated in the pre- and post-surveys and six schools participated in interviews and focus groups.

Table 2. School-level characteristics and details of data collection.

						SURVEY				INTERVIEWS, FOCUS GROUPS AND OBSERVATIONS		
School ID	Area	% free school meal eligible	School type	Peer Educator year group	Peer Learner year group	Baseline response rate N/n eligible (%)	Follow-up response rate N/n eligible (%)	Time between baseline and follow-up	Focus groups	Interviews	Observations
984	South West	NA[2]	Single-sex boarding	12	7	86/109 (79.0)	45/109 (41.3)	12 weeks	2	2	2 (training and lesson)
509	South West	14.2%	Mixed state	13	8, 9	153/549 (27.9)	172/549 (31.3)	1 week	3	2	1 (lesson)
371[1]	South West	NA[2]	Single-sex boarding	12	7, 8	95/126 (75.4)	9/126 (7.14)	3 weeks	3	2	0
150	North East	49.4%[3]	Mixed state	12, 13	7	56/81 (69.1)	51/81 (63.0)	5 weeks	3	3	1 (lesson)
535	North East	12.6%	Mixed state	13	7	142/349 (40.7)	NA[6]	NA[6]	1	0	0
384	North East	26.7%	Mixed state	10	7	63/202 (31.2)	139/202 (68.8)	12 weeks	0	0	1 (lesson)
842[1]	North East	12.5%	Mixed state	NA[4]	NA[4]	NA[4]	NA[4]	NA[4]	3	3	0
269	North East	NA[2]	Single-sex grammar	NA[5]	NA[5]	175/190 (92.1)	138/190 (72.6)	4 weeks	NA[5]	NA[5]	NA[5]

[1] Previous PEP school (delivering the PEP prior to 2020/21 academic year)

[2] Data unavailable

[3] Above national average for free school meal eligibility (27.7%)

[4] Previous PEP school, only recruited for qualitative data collection

[5] Only recruited for test-retest reliability measure

[6] Failed to complete follow-up survey

Survey data collection

Part 2: Can we devise a questionnaire that accurately assesses mental health literacy in adolescents, and do we see any change in students' mental health literacy before and after receiving the PEP?

Peer Educators and Peer Learners were asked to complete pre- and post- surveys electronically through a personal email link. The survey was made up of three pre-existing measures (General Help Seeking questionnaire, Sense of Belonging Scale and Short Warwick Edinburgh Mental Health and Wellbeing Scale) and two new measures. These covered:

1. **Help-seeking intentions –** how likely are you to seek help from a range of different people.

2. **Sources of support –** the number of sources of support you are likely to seek help from.

3. **Self-help and help-seeking confidence –** how confident are you that you can take actions to support your own mental health and that of others.

4. **Mental health knowledge –** understanding what mental health, measured using true/false questions.

5. **Peer support –** perceptions of how much and for what you feel you can get support from your peers.

6. **Mental wellbeing –** measuring some positive aspects of mental health, such as feeling confident, feeling connected to others and feeling like you can manage your problems.

Summary of survey findings

Out of the six schools that delivered the PEP, one did not complete any follow-up measures. We measured the response rates from the eligible sample (all pupil email addresses provided by each school): 42% of eligible students completed the baseline survey (pre-intervention), and 29.4% at follow-up (post-intervention). Response rates at baseline were high in three schools (from 69-79%), and low in three schools (less than 40%). Follow-up rates varied (from a maximum of 69% to only 7% for one school). See Table 3 for further details.

From the variable follow-up rates, we conclude that schools' either need to set aside lesson time and monitor survey completion, or researchers need to physically visit schools to collect the data.

Data collection was also impacted by different school contexts, such as not having a member of the senior leadership team endorsing the study, and data security concerns from IT departments about sharing email addresses, despite ethical approval and GDPR-compliant procedures on the part of the research team.

Senior staff support, as well as clear communications with IT staff around the sharing of such data, need to be carefully considered in future work.

It should be acknowledged that the surveys were done while COVID-19 was still impacting school attendance, which would hopefully not be a factor if a larger study was conducted in the future.

From the follow-up results, changes were found in three of the survey measures: help-seeking intentions, number of sources of support likely to seek help from and mental health knowledge.

Table 3 shows the mean size of the changes for each measure, with the ones that were larger shown in green. However, we saw large variation between individuals in the size of the change, shown in the '95% confidence intervals' column in the table below.

There was no big difference in mean score for confidence to help self, perceived peer support or mental well-being from baseline to follow-up, which might be partly because baseline scores were already high: 34.3 (out of 48) and 30.0 (out of 40) for help-seeking confidence and peer support, respectively.

Table 3. Change in student responses for the six survey measures before and after the Peer Education Project.

Measure	Mean individual change	95% confidence intervals
The intention to seek help across 11 sources (e.g., peers, teachers, parents)	0.15	0.00, 0.30
The number of sources rated likely-extremely likely to seek help from	0.96	0.62, 1.30
Self-help and help-seeking confidence (e.g., 'I feel okay talking about my mental health with other people')	0.39	-0.28, 1.05
Knowledge of mental health (e.g., 'I feel okay talking about my mental health with other people')	0.98	0.45, 1.50
Peer support (e.g., I have developed friendships with students in my classes)	0.33	-0.44, 1.10
Mental well-being (e.g., 'I've been feeling optimistic about the future')	0.06	-0.61, 0.72

These findings show that the PEP was promising in terms of achieving proximal impacts on intentions to seek help and knowledge about mental health. However, confidence to seek help, peer support and mental wellbeing did not indicate significant improvement from baseline to follow-up. Peer support and mental wellbeing changes may be more distal or longer-term impacts of the PEP and therefore not sensitive to change in the short-term. The analysis was limited by the small proportion of participants who completed both the baseline and follow-up survey, so our ability to see change was limited, and by the short time frame.

Future research should include a larger sample size, a comparison group who did not receive the PEP and a longer follow-up period so long-term changes can be assessed.

Measuring mental health literacy accurately

In research, it is important that we measure things in accurate and consistent ways, using questions that are understood by our population of interest. This means we can be confident that our data reflects what we are meaning to measure and we can start to monitor how well the intervention is working.

To do this, we looked at how similar the questions within each questionnaire students completed were. The established questionnaires ('General help-seeking questionnaire', 'Sense of Belonging scale' and 'Short Warwick Edinburgh Mental Wellbeing Scale') showed excellent reliability. Of the new questionnaires we created ('self-help and help-seeking confidence' and 'mental health knowledge'), the confidence questionnaire was more reliable than the mental health knowledge scale. Another important thing to consider when testing whether questionnaires are suitable is whether you get the same results if you use them more than once (called test-retest reliability). We did this with the validation school that did not receive the PEP. The results indicated high test-retest reliability for the established questionnaires but slightly lower for the new questionnaires.

Summary of qualitative (interviews and focus groups) findings

Part 3: How does the PEP intervention currently work in schools, how is this affected by different school contexts, and how can this learning be used to identify improvements for the PEP in the future?

After talking to 12 teachers and 124 students across the interviews and focus groups, we found four main ways in which the programme led to its outcomes:

1. **Modelling behaviour and forming relationships**

2. **The right content and classroom dynamic**

3. **Peer Educators feeling empowered**

4. **A culture more open to discussing mental health**

These worked best in certain contexts and are outlined below, along with quotes from the different people we spoke to (Peer Educators, Peer Learners, School trainers, or members of the Senior Leadership Team [SLT]).

1. Modelling behaviour and forming relationships

Peer Learners seeing older pupils opening up about their experiences led them to realise help-seeking was normal and acceptable. The Peer Educators were friends as well as role models and had more conversational and informal discussion, which differed to the formality of their other lessons. The students then felt more comfortable seeking help in general, especially from the students that they had built a bond with, and this sometimes led to Peer Educators signposting issues to teachers.

'I think it's just gave us a bit of a better place to go – instead of just having to keep it inside, it meant that we had people to talk to and people to get anything off our chest' (Peer Learner, School 842).

'She'd [a Peer Learner] kind of written I haven't got any friends and I will never speak to my family and the Peer Educators picked up that she was quite sad. So with the tutor and myself, we mediated and they've now built up a little relationship with her...by trying to relate to her a little more from the teacher and not being a parent, because clearly there are issues there, has really helped' (SLT, School 509).

'I would probably make them slightly younger...sometimes they even kind of babied us cos we're so much younger than them, so I feel like I would like, for example, if we were in Year 8 and maybe have Year 10, and if we were in Year 7 to have Year 9' (Peer Learner, School 984).

The Peer Learners often discussed what year group they would prefer the Peer Educators to be, and in general they desired them to be below Year 13 so they didn't 'baby' them as much and they could relate to them more. However, they felt they should still be old enough and confident enough to have some authority over the class.

2. The right content and delivery

The content being appropriate and relatable to the pupil's lives meant Peer Learners were engaged and enjoyed learning about mental health, building a solid foundation of knowledge to utilise when their mental health is compromised in future situations. However, in schools that used older Peer Learners, the pupils found it less relevant and at times too simplistic. This begs the question: what is the optimal age for Peer Learners so that they reap benefits from the programme?

> *'Sugar makes you stay awake,' but some stuff – like, you knew it but, when they explained it in more depth, you knew more. It's like when you know how to do addition, and then you learn how to do triple numbers addition – something like that, and you go up, and up, and up'*
> *(Peer Learner, School 509).*

> *'With our sessions we just talked about, 'Go for a walk. Have a glass of water. Do some yoga.'...anyone could do that – but if they went in depth about how you feel and why you feel it and quite powerful ways to stop that happening, then I think that would be a lot more useful'*
> *(Peer Learner, School 509).*

3. Peer Educators feel empowered

The training and clear lesson plans, having a supportive teacher present, and being able to partner with their friends, allowed Peer Educators to grow in confidence as the programme progressed, particularly in those without previous teaching or volunteering experience. They talked about gaining teamwork and leadership skills, especially when they had the chance to build on what they had learnt over time, and the sense of accomplishment led to some Peer Educators aspiring to become a teacher in the future, and others feeling valued in sharing their own mental health stories. This finding is important, as we know that when Peer Educators volunteer or are selected by their teachers, this can result in only the outgoing pupils taking part, which could widen the skill and health gap between the more and less privileged pupils in the school (3). However, in our study, we found Peer Educators were diverse and represented the school population well.

> *'I think with my group we very much had to have FaceTimes about it the night before so we could plan and run through in our own time...we were quite prepared and enjoyed doing that side of it but we didn't have massive amounts of time and it was of our own accord'*
> *(Peer Educator, School 535).*

'We had the tutor in our room every week, mostly because our tutor group apparently had a bit of a reputation for not being so great. And he was kind of like a silent party unless they began to get too much or one of the students was beginning to get too rowdy...a force that they are already aware of which was kind of useful' *(Peer Educator, School 509).*

While the training provided basic information about the lesson content, the Peer Educators felt it would have been improved by having more time to discuss how to deal with emotional problems that could crop up in the lessons, some more practical advice about teaching and managing a class, possibly led by the Mental Health Foundation and not only teachers, and some sort of recap and ongoing support once the programme was underway as the initial training was typically a while before they started.

'It was like ten weeks before we actually – it was before the summer holidays and we started in September...if they'd both been this side of the holidays maybe it would have gone smoother' *(Peer Educator, School 509).*

4. A school culture more open to discussing mental health

Having an invested 'Staff Lead' in the schools was key to ensuring the lessons

were delivered to a good standard. This also led to a cultural shift across the school to drive decision making around embedding the programme year-on-year and other changes to the existing mental health provision in the school. However, we saw less of a universal cultural shift in the student population, and therefore it's unclear whether pupils became more sensitive and supportive to others in their day-to-day lives coming out of the programme.

'Are you planning to keep it on for following years? (Researcher)

'I would absolutely endorse it. I very much leave that to my head of PHSE because she's doing all the hard work and I'm just the one going yes, that's brilliant...you need to have the right person driving it...who knows what the students need' *(Senior Leadership Team, School 984).*

'Interesting a lot of the signposting was to websites, which obviously we wouldn't have had when I was younger...we do things about social media in PSHE a lot because obviously that's how a lot of people are running their social life now... we also opened a new section on the website...there's about 20 links in there for all different sorts of things that wasn't there before' *(Staff trainer, School 371).*

How the staff spoke about the training they received varied, but largely they felt happy with the online webinar format as it was informative, streamlined and still offered an opportunity to network and compare views with staff from other schools. However, in one school, timetabling and capacity issues meant that they failed to get a teacher involved, and therefore the support staff who led it desired more practical guidance as they felt a bit out of their depth. The staff from the schools who had been implementing it for a number of years said they thought it was time to re-do the training to make sure they were stressing the right things.

'Doing training in the evenings after school…which was brilliant, because you could have your camera off, you could watch and just write loads of notes' (Staff trainer, School 984).

Many of the staff discussed timetabling to be a potential barrier for schools getting

'It's a body of work…It took me out of the classroom for three weeks which is not exactly a barrier, it's just one of those things where if we want to run it then that's got to happen' (Staff trainer, School 842).

involved, as it required a high level of organisation to make sure the teachers did not miss out on too much teaching time while training the Peer Educators.

The PEP's programme theory

We developed four 'programme theories' linking the main contextual factors, mechanisms and outcomes to each other. The Mental Health Foundation can use the programme theories to understand what is currently missing from the programme and therefore how to improve it. It could also be seen as a blueprint for other organisations or people looking to use peer education to improve other health outcomes, as the mechanisms are likely similar in other areas.

Table 4. PEP programme theory linking contexts, mechanisms and outcomes.

Contexts		MECHANISMS		OUTCOMES	
		Intervention's resources	People's responses	Short-term	Long-term
Peer Learners are used to traditional teaching style	➕	Peer Educators share personal experience	Modelling behaviour and forming relationships	Peer Learners see help seeking as normal	Peer Learners seek help
Peer Learners who are young and naive	➕	Peer Educators teaching the basics of mental health	Appropriate content and delivery	Peer Learners learn about risk and protective factors	Peer Learners adopt self-care
Peer Educators without previous teaching experience	➕	Training, lesson plans, ability to work with friends and a supportive teacher present	Peer Educators feel empowered	Peer Educators build teamwork and leadership skills	Peer Educators have better mental healtjh
In schools with an invested Staff Lead	➕	Lesson delivered to good quality	A cultural shift across the school	Teachers make small changes to mental health provision	The PEP is embedded year on year

Key next steps / recommendations

Key reflections from the research

Our quantitative and qualitative findings suggest that the Peer Education Project helps to improve some aspects of mental health literacy, particularly the likelihood to speak about one's issues and seek help when needed. We have shared our results with various stakeholders including school leads, parents, researchers and young people themselves. We hope to use these insights to inform a larger study with more schools, including different school types and with a longer follow-up to look at how the behaviours we saw in the students could be sustained over the longer-term.

What the Mental Health Foundation will do as an organisation

We plan to use the findings of this study to make some tangible improvements to the programme design and content, with small-scale updates completed by September 2022 and then a full-scale review over the 22/23 academic year. As part of this review, we will work closely with schools, staff and pupils, to inform the practicalities of any changes via workshops, focus groups and surveys. An example of a content update would be strengthening the emphasis on the importance of continuity beyond the project within the staff and Peer Educator training, providing good practice examples of how schools and students can achieve this.

What schools can do

For schools, we hope this evaluation highlights the key elements of using peer education as a model of teaching, the wide array of benefits of the Peer Education Project, and also the useful opportunity of getting involved in research can be. As a school, we encourage you to build opportunities for pupils to take on a peer education role – this could be delivering assemblies, lessons or fundraising campaigns – and create spaces and opportunities to explore mental health in a non-stigmatising, accessible way.

References

1. Eisenstein, C., Zamperoni, V., Humphrey, N., Deighton, J., Wolpert, M., Rosan, C., Bohan, H., Kousoulis, A., Promberger, M. and Edbrooke-Childs, J. (2019). Evaluating the Peer Education Project in secondary schools. Journal of Public Mental Health, 18, 1-17.

2. Widnall, E., Dodd, S., Simmonds, R., Bohan, H., Russell, A., Limmer, M., & Kidger, J. (2021). A process evaluation of a peer education project to improve mental health literacy in secondary school students: study protocol. BMC Public Health, 21(1), 1879.

3. Ebreo, A., Feist-Price, S., Siewe, Y. and Zimmerman, R. S. (2002). Effects of peer education on the peer educators in a school-based HIV prevention program: where should peer education research go from here?. Health Education & Behaviour, 29(4), 411-23.

Mental Health Foundation
Studio 2, 197 Long Lane
London SE1 4PD

Mental Health Foundation

@mentalhealthfoundation

@MentalHealth

mentalhealth.org.uk