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Building Bridges: A Case Study of Peer Support in Enhancing Mental Health for Students at a Hispanic-Serving Institution

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Abstract

The Challenge: Rising mental health challenges are placing increasing strain on higher education systems. At this Hispanic- and minority-serving institution, many students are first-generation college students from neighborhoods characterized by some of Texas's highest incarceration rates and among the top ten ZIP codes for behavioral health-related hospital visits. When we embarked on developing the Peer Support Network (PSN) pilot program to address these challenges, we found limited documentation or standardized guidelines detailing how to effectively plan and implement a peer support program within a university setting. While peer support initiatives existed at other institutions, little information was available regarding standard operating procedures, protocols, or best practices to guide our efforts.
Consequences: The lack of documented guidelines led to our pilot project, which introduced operational challenges during program implementation. We decided to share our insights to support the development and sustainability of future peer support programs in diverse university settings.
Description: This case study piloted a peer support model to enhance mental health awareness and encourage help-seeking behaviors. Six undergraduate peer educators were recruited, screened, and trained in Youth Mental Health First Aid and the Question, Persuade, Refer (QPR)

model. Over the course of one semester, they engaged approximately 200 students, representing about 5% of the student body, through classroom presentations, peer-led workshops, and information tables. Engagement metrics and anecdotal impacts were documented through team logs and narrative reports.
Reflection: This pilot program was presented as a model rooted in peer support theory, illustrating an approach to addressing mental health education within a university setting. We initially set out to evaluate how this program would impact perceptions of proficiency among a cohort of peer educators. While this initial effort yielded valuable insights, further research is necessary to more comprehensively assess the program's effectiveness. Additional empirical studies will be essential to evaluate outcomes and to guide potential replication at other minority-serving, metropolitan universities.

Keywords: higher education, peer support, mental health, student success, youth mental health first aid, first-generation students

Introduction

In 2018, more than 40% of the 8.9 million young adults who admitted to having a mental illness did not receive any treatment. Additionally, nearly 90% of the 5.1 million individuals (about twice the population of Mississippi) with a substance use disorder did not receive any treatment (Substance Abuse and Mental Health Administration, 2022). College students have more emotional issues than their non-studying counterparts (El-Monshed et al., 2021). The mental health crisis on college campuses has reached unprecedented levels, as evidenced by the findings yielded by the Healthy Minds Study, indicating that over 60% of college students met the criteria for one or more mental health conditions during the 2020−2021 academic year (Abrams, 2022; Lipson et al., 2023). Between 2009 and 2015, college campuses witnessed a 40% increase in the number of students seeking counseling services, a trend that continued until the onset of the COVID-19 pandemic (Abrams, 2022; Lipson et al., 2023). Despite this dramatic surge in mental health needs, institutional funding for on-campus counseling centers has remained stagnant, resulting in overwhelming caseloads for mental health practitioners and reduced care quality, particularly for students with critical needs such as those exhibiting suicidal ideation and trauma (Abrams, 2022).

Various transitions mark emerging adulthood, such as forming new relationships, leaving the family home, and adjusting to a new academic ecosystem, all of which have the potential to influence a young person's mental health (Chatterjee et al., 2021; Graziano et al., 2024; Keller et al., 2010). These challenges are particularly acute for first-generation students, non-native English speakers, students of color, sexual and gender minorities, and students from under-resourced high schools (National Academics of Sciences, Engineering, and Medicine, 2021). Because of the prevalence of mental health problems among college students, mental health professionals in higher education need to monitor the mental state of their students through ongoing assessments. It is also critical to ensure that students have access to therapeutic, psychiatric, and social support services, as well as numerous preventive and treatment options (El-Monshed et al., 2021).

In response to this growing need, peer support programs have emerged as a promising solution on college campuses. According to a study conducted by Humphrey and colleagues (2022), 95% of institutions express interest in peer support programs, particularly in peer education, listening, and support groups. This is not surprising, given that peer support groups serve as a valuable supplement to the resources and services offered by campus professionals (Eisenberg et al., 2016). However, there is a dearth of literature regarding the support students can receive from a peer with a similar college experience and age (Humphrey et al., 2022).

Peer Support Theory

The theoretical framework for this study integrates peer support theory, creating a robust foundation for understanding student mental health support mechanisms. Peer support theory emphasizes the therapeutic value of shared experiences, suggesting that individuals who have navigated similar challenges can provide unique and effective support to others (Mead et al., 2001). This theoretical approach is particularly relevant in higher education settings, where students often face common stressors and transitions.

Peer support theory encompasses the provision of emotional, social, and practical assistance between individuals who share similar experiences or circumstances. The concept of peer support for mental health emerged from a civil rights movement in the 1970s when individuals with negative experiences and mental health treatment advocated for more positive therapeutic approaches (Mead et al., 2001). However, in its evolution, peer support gained a more significant meaning on college campuses. In the university setting, peer support is increasingly recognized as a valuable resource when reinforced through education and training. It serves to provide a new cultural context for healing and recovery that enhances students' mental health, academic performance, and well-being.

Watson (2017) identified five key mechanisms that underpin effective peer support relationships: (1) shared lived experiences, (2) voluntary participation, (3) the proximal position of peer workers where the supported individual directs the process, (4) strengths-focused social and practical support through flexible informal interactions, and (5) a non-hierarchical helper role. Research findings indicate that peer support effectively contributes to individuals' positive coping when dealing with behavioral health conditions. In a recent study examining support-seeking interactions, Bjärehed et al. (2023) defined peer support as "actions taken by individuals who intend to alleviate the distress of others" (p. 5).

In the university context, the proximal positions of peer support educators manifest when students share experiences about common challenges, such as academic stress, homesickness, and social adjustment. This juxtaposition can be both experiential and structural, referring to students at similar stages in their educational journey. A strengths-focused social and practical support approach is evident when peer educators provide information and emotional assistance to their classmates and create a sense of empowerment, community, and hope. Such an approach reduces feelings of isolation, offers emotional relief, and encourages individuals to take action in managing their emotional experiences.

The literature indicates that peer support programs consistently demonstrate modest but positive effects on mental health outcomes, particularly for marginalized populations. Studies show improvements in self-reported recovery, empowerment, happiness, self-esteem, and coping skills, with notable reductions in depression, loneliness, and anxiety among young adults, university students, and ethnic/sexual minorities (Halsell et al., 2022; Richard et al., 2022;

Simmons et al., 2023; White et al., 2020). This is especially significant given that first-generation students, non-native English speakers, students of color, sexual and gender minorities, and students from under-resourced high schools face additional stresses and challenges during post-secondary education (National Academics of Sciences, Engineering, and Medicine, 2021).

Peer support initiatives appear to be particularly effective at enhancing social connectedness and developing supportive networks, which are crucial for marginalized individuals who may face isolation or stigma. Both online and offline peer support formats have shown success in fostering group belonging and creating support systems. The mechanisms behind this success include positive identity development, observational learning, and increased autonomy, which are especially important for youth and those with complex mental health challenges (Halsell et al., 2022; Richard et al., 2022; Shalaby & Agyapong, 2020).

Research indicates a strong interest in peer support programs among college counseling centers, with 95% expressing interest in implementing some form of peer support according to the Mary Christie Institute study in 2022. The most sought-after types include peer education, peer listening, peer support groups, peer coaching, and peer counseling. While peer support has shown promise in substance use recovery and mental health among adults, there is notably less research exploring college peer support specifically, "in which 'peerness' is defined as sharing a similar age and college experience" along with sharing mental and behavioral health challenges (Humphrey et al., 2022, p.9). This highlights the need for ongoing program evaluation to better understand and optimize the effectiveness of college peer support programs, particularly for marginalized populations.

Peer support theory is highly relevant to the students served at the institution discussed in this article, the University of North Texas at Dallas (UNTD), given its unique position as a minority-serving institution with a predominantly first-generation college student population. The mental health data from this institution’s campus population mirrors broader community trends, as revealed by the Dallas County Community Health Needs Assessment (2022), with individuals aged 18-29 reporting poor mental health for more than 14 days and notably higher rates among African American and Hispanic populations. This alignment with community health trends, combined with research showing that first-generation students, non-native English speakers, students of color, and students from under-resourced high schools face additional stress during post-secondary education (Kamalumpundi et al., 2024; Phillips et al., 2020), makes peer support particularly pertinent for the student body at this institution.

Case Description

Institutional Context

As the only state-funded institution within the Dallas city limits, UNTD is classified as an urban and metropolitan university. Located in South Dallas, UNTD is recognized as both a Hispanic- and minority-serving institution. The student body is highly diverse, with more than 52% identifying as Hispanic, 28% as African American, 14% as Caucasian, 2% as Asian, and 4% as Other. Women comprise over 67% of enrolled students (College Factual, 2022). UNTD has positioned itself to directly serve and strengthen its surrounding communities. Shinneman (2019), in an article for *Dallas News Magazine*, noted that the zip codes surrounding the university have "the most incarcerated residents of any ZIP codes in Texas," according to statistical data released by the Texas Department of Criminal Justice.

Additionally, we serve students from neighborhoods identified among the top ten ZIP codes for behavioral health-related hospital visits (Parkland Health, 2022). The Peer Support Network (PSN) project at UNTD was funded by the Community Foundation of Texas and was conceptualized as a practical strategy for addressing the growing mental health needs of students. The network was designed to support and extend the work of the Wellness Clinic by expanding outreach and mental health education across the university's campus. With only three mental health professionals serving approximately 4,000 students, the peer educators provided crucial ancillary support to the Wellness Clinic's services. The initiative aimed to foster open conversations among students about mental health and coping strategies, providing a foundation for peer-to-peer support, based on the principle that students are more likely to listen to and seek help from their peers before approaching adults or professionals.

Our objective was to expand mental health outreach through peer education. Our research aimed to address four key questions:

1. How did participation in the Peer Support Network training and outreach activities influence peer educators' confidence and perceived competence to support student mental health needs?
2. How did Counseling and Wellness Center staff perceive the role of peer educators in alleviating service pressures and promoting mental health awareness on campus?
3. What challenges emerged in implementing a peer support model as a supplement to traditional mental health services in a university setting?

Method

Participants

To ensure compliance with university policies, the project was reviewed by the Institutional Review Board (IRB) and received a non-human subjects designation. Following IRB approval, the team engaged in recruitment and training activities for peer educators during the summer semester to prepare for the program's launch in the fall of 2023. The Counseling and Wellness Center staff led the recruitment process by visiting classrooms and sharing flyers through social

media platforms. Interested students were invited to complete an application and screening process. In our screening, we aimed to attract students who were motivated to help others and had an average or higher academic performance. A total of nine individuals applied for the peer support program. Of these, one applicant was no longer enrolled as a student and was therefore ineligible. Another student did not complete the required training, and one failed to maintain communication following training and was not scheduled for any peer support sessions. Therefore, six students successfully completed the peer support pilot program. Among these six participants, there were two males and four females; one was a graduate student, and five were undergraduate students. Four participants were pursuing degrees related to the behavioral sciences, while one was completing a degree in the natural sciences. As recognition for their valuable contributions, each peer educator received a $500 stipend at the conclusion of the semester.

Participants

During the orientation session, the eight participants were introduced to the PSN project and provided with an overview of its goals and structure. Peer educators reviewed and signed informed consent documents and completed two key training programs:

Youth Mental Health First Aid Training (through the North Texas Behavioral Health Authority)

This course equipped participants with the skills to recognize signs and symptoms of mental health and substance use issues among youth. Participants also learned how to engage individuals experiencing distress and refer them to appropriate professionals (Texas Health and Human Services, 2024). The Youth Mental Health First Aid training included a 2-hour self-paced learning session, an instructor-led training session via Zoom lasting 8 hours, and post-course work that required a final exam and course evaluation (National Council for Mental Wellbeing, 2025). The course introduces common mental health challenges affecting youth, reviews typical aspects of adolescent development, and teaches a five-step action plan for assisting young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders involving psychosis, disruptive behavior disorders (including ADHD), and eating disorders.

The Mental Health First Aid Action Plan (ALGEE) includes the following steps: (a) Assess for risk of suicide or harm; (b) Listen non-judgmentally; (c) Give reassurance and information; (d) Encourage appropriate professional help; and (e) Encourage self-help and other support strategies (National Council for Mental Wellbeing, 2025, What Mental Health First Aid Covers section).

Question, Persuade, Refer (QPR) Training

This program provided a structured framework for recognizing signs of crisis, obtaining critical information from individuals at risk, and reducing suicidal behaviors to save lives (QPR Institute, n.d.). QPR is an evidence-based suicide prevention training designed to equip participants with skills to recognize the warning signs of suicide, ask appropriate and direct questions to assess the level of risk, and respond effectively. The training emphasizes evidence-based strategies to offer nonjudgmental support and make timely, appropriate referrals in a supportive and compassionate manner (Substance Abuse and Mental Health Services Administration, 2025). The QPR training lasted 90 minutes and was delivered online by certified QPR trainers.

Both trainings addressed suicide prevention, but each offered distinct, complementary perspectives. Youth Mental Health First Aid emphasized a broad overview of common mental health challenges, early intervention strategies, and evidence-based approaches for assessing suicide risk. In contrast, QPR (Question, Persuade, Refer) training provided a structured referral pathway and clear protocols for crisis situations, equipping peer educators with practical skills to question individuals about suicidal thoughts, persuade them to seek help, and refer them to appropriate resources in a supportive manner.

Additionally, the Counseling and Wellness Center staff delivered training sessions on peer engagement strategies, which covered topics such as coping skills, domestic violence, and the range of services available through the Counseling and Wellness Center. These training programs prepared peer educators to facilitate meaningful conversations about mental health with their peers, both on and off campus. As a result, most peer educators reported feeling confident and prepared to address mental health-related issues, contributing to a supportive campus environment. Upon completing training requirements, peer educators received a $500 stipend, which was processed by the financial aid office as non-academic research funding.

Peer Support Implementation

Two peer educators experienced challenges with regular participation due to class schedule conflicts. Nevertheless, the remaining six peer educators successfully engaged 200 student participants (almost 5% of the student body) through workshops and information tables at campus events between September 2023 and November 2023. Refer to Tables 1 and 2 for detailed information on the number of students served, session types, and the number of facilitators assigned to each session. Most sessions were staffed by at least two peer educators, ensuring consistent support and engagement. The workshops covered a wide range of critical mental health topics, including trauma, post-traumatic stress disorder (PTSD), anxiety, self-care, domestic violence awareness, and coping skills. These sessions were conducted in classrooms and at various campus events, with requests initiated by faculty, staff, and student organizations.

The presentations were based on the templates provided to the students by the Counseling and Wellness Center staff.

TABLE 1. Peer support session characteristics across program sites: Informational booths in high-traffic campus areas

Session Topics	Brief Session Description	N Participants
Be Natural Wellness	General information about the university's Counseling and Wellness Center, along with the available resources	7
Suicide Awareness	Warning Signs of Suicide: Developing a Suicide Prevention Plan	20
Texas Association of Future Educators (TAFE) Conference	Information provided about Free Counseling Services Available to students through the Counseling and Wellness Center	70
Total		97

Note: Other topics, such as Sexual Assault and Trauma, were covered via informational booths in high-traffic campus areas. The total number of students served was not documented by the team.

TABLE 2. Peer support characteristics across program sites: Classroom workshops

Session Topics	Brief Session Description	N Participants
Coping Skills & Center of Counseling and Wellness Service Overview	This session offered students effective strategies for managing academic and personal stress while also introducing the support services available through the university's Counseling and Wellness Center.	18
Stress Management	This session provided students with practical tools and strategies for managing stress before and after midterm exams.	27
Center of Counseling and	This session introduced students to the range of mental health and support services offered by the university's Counseling and Wellness Center.	3

Wellness Service Overview		
Coping with Stress	This session focused on helping students, many of whom have experience in human services fields, develop practical strategies for managing stress and balancing academic, professional, and personal responsibilities.	20
First Generation Student Self-Awareness	This session provided first-generation college students with tools to enhance self-awareness through the exploration of self-advocacy, self-care, and healthy boundary-setting.	35
Total		103

The entire peer support educator team, including licensed mental health professionals from the Counseling and Wellness Center and the peer educators, met via Microsoft Teams monthly for supervision meetings to discuss experiences, review challenges, and coordinate resources. Peer educators also checked in with staff before and after each session to plan interventions, debrief, and ensure appropriate referrals when needed. At some campus events, the Counseling and Wellness Center team members were present alongside peer educators to provide additional support and reinforce referral pathways.

Measures and Procedures

Peer support educators were invited to complete two online surveys to measure the outcomes of their training and experience. The pre-test survey, estimated to require 15–20 minutes, was administered before participation in the Youth Mental Health First Aid and Question, Persuade, Refer (QPR) training. The post-test survey was distributed approximately four months later. These surveys were adapted from the Youth Mental Health First Aid surveys (Mental Health First Aid USA, n.d.). The North Texas Behavioral Health Authority provided access to the original survey questions. The surveys assess key domains such as knowledge of mental health conditions, confidence in providing support, skill application, and attitudes toward youth experiencing mental health challenges, including stigma reduction. Survey items consist of a combination of knowledge-based questions, Likert-type confidence scales, and attitude measures (Mental Health First Aid USA, n.d.). These items are designed to directly reflect the intended learning outcomes of the YMHFA training and are commonly used in national and international evaluations of MHFA programs. At the time of this writing, there is no publicly available, full psychometric validation study specifically dedicated to the official YMHFA survey instruments provided by MHFA USA.

Results

Influence of Peer Support Network Participation on Confidence and Perceived Competence

Descriptive statistics were used to analyze the responses from the pre- and post-surveys. Because the survey responses are measured using ordinal scales, the mean is not suitable for ordinal-level data (SUNY Empire State College, n.d.). We therefore used the mode to assess central tendency. Refer to Tables 3 and 4 for the modal ratings for each item on both the pre- and post-surveys. Before training (N = 8), the most common response (mode) for most items assessing confidence and preparedness was 4, corresponding to feeling "Comfortable." Two items, *Actively and compassionately listen to someone in distress* and *Offer a distressed person essential resources, information, and reassurance about mental health and substance use challenges*, had a pre-training mode of 5 ("Extremely Comfortable"), suggesting little room for improvement. Following participation in the training and outreach activities (N = 6), the mode increased to 5 for nearly all items. Recognizing signs of mental health or substance use challenges, talking with someone about their mental well-being and mental illness, reaching out to someone in crisis, asking about suicidal ideation, assisting with professional help, and being aware of how personal beliefs could interfere with helping each shifted from a mode of 4 to a mode of 5. The two items that were rated at mode five before the participants engaged in the training remained unchanged in the post-survey. These results suggest that, overall, participants started with high levels of perceived comfort and perceived competence, but increased even further in most skill areas following the intervention.

TABLE 3. Pre-survey (n = 8) and post-survey (n = 6) mode ratings for confidence and preparedness skills

Item	Pre-survey Mode	Post-survey Mode
Recognize the signs that someone may be dealing with a mental health problem, substance use challenge, or crisis.	4	5
Talk with someone about their overall mental well-being.	4	5
Talk with someone about their mental illness.	4	5

Reach out to someone dealing with a mental health problem, substance use challenge, or crisis.	4	5
Ask a person whether they're considering killing themselves.	4	5
Actively and compassionately listen to someone in distress.	5	5
Offer a distressed person essential resources, information, and reassurance about mental health and substance use challenges.	5	5
Assist a person in connecting with appropriate community, peer, and personal supports.	4	5
Assist a person who may be seeking professional help.	4	5
Be aware of how my thoughts, beliefs, and feelings about mental health problems could hinder my effectiveness in providing help to someone in distress.	4	5
Recognize and correct misconceptions and myths about people dealing with mental illness and substance use challenges.	4	5

Note: Response options ranged from 1 (Extremely Uncomfortable) to 5 (Extremely Comfortable).

TABLE 4. Pre-survey (n = 8) and post-survey (n = 6) mode ratings for attitudes and perceptions toward mental health

Item	Pre-survey Mode	Post-survey Mode
I am more comfortable helping a person who has a physical illness than I am helping a person who has a mental illness.	2	1, 2
People are generally caring and sympathetic to people with mental illness.	3	3
There are negative impressions, stereotypes, or stigmas about mental illness in my campus community.	3	1

Note: Response options ranged from 1 (Strongly Disagree) to 5 (Strongly Agree).

In contrast, shifts in attitudes and perceptions were less consistent. Comfort with helping a person who has a mental illness relative to helping a person with a physical illness showed only a slight change, with the post-survey mode including both 1 ("Strongly Disagree") and 2 ("Disagree"), compared to mode 2 in the pre-survey. Perceptions that people are generally caring and sympathetic toward individuals with mental illness did not change, with the mode remaining at 3 ("Neutral") before and after training. However, perceptions of negative impressions, stereotypes, or stigma in the campus community decreased, with the mode shifting from 3 in the pre-survey to 1 ("Strongly Disagree") in the post-survey.

Discussion

When we embarked on developing the Peer Support Network (PSN) pilot program, we found limited documentation or standardized guidelines detailing how to effectively plan and implement a peer support program in a university setting. Although peer support initiatives existed at other institutions, there was little available information on standard operating procedures, protocols, or best practices to guide our process. As a result, much of what we learned about effective implementation came retrospectively, through trial and error during program execution and manuscript preparation. This experience highlighted the need for greater documentation and sharing of lessons learned to assist future programs in establishing more structured and sustainable peer support networks. This study aimed to explore key research questions regarding the influence of participation on peer educators' confidence and competence, as well as Counseling and Wellness Center staff's perceptions of peer educators' roles, and the challenges encountered during implementation.

Perceptions of Counseling and Wellness Mental Health Professionals on Peer Educators' Role in Supporting Campus Mental Health

Six peer support educators were able to reach 200 students in one semester through classroom presentations, workshops, and information tables. The peer educators shared their lived experiences as students navigating similar academic pressures, creating what Artino (2012) terms "vicarious experiences," making their support particularly relevant during high-stress periods. The voluntary nature of both educator participation and student engagement aligns with Watson's (2019) emphasis on voluntary participation as a crucial element of effective peer support.

The comprehensive training approach, combining Mental Health First Aid and QPR training sessions, not only provided peer educators with a strong foundation for their roles but also aligns with Mead et al.'s (2001) emphasis on the importance of structured training in peer support programs. Given that all six peer educators felt confident in their ability to take appropriate actions to alleviate others' distress, program implementation was deemed successful (Bjärehed et al., 2023). The monetary stipend served as both recognition and motivation, potentially contributing to their commitment and confidence. As peer support educators may not be competent to address some concerns that exist within their peer group, they also benefited from continued supervision of peer specialists (Obeagu et al., 2024). Moreover, they were instructed to maintain their boundaries, as clinical assessments and therapeutic intervention are beyond the scope of training and experience of an average peer support educator. Thus, as noted by Obeagu et al. (2024), comprehensive training and continued supervision of peer specialists are crucial to ensure that their peers are receiving appropriate and adequate care.

Beyond delivering mental health education, the PSN peer educators played an essential role in encouraging students to seek mental health interventions. Reflecting on the project's impact, the Director of the Counseling and Wellness Center shared anecdotally:

> Our numbers in the Counseling & Wellness Center for requests for counseling services have increased since this time last year. While part of this increase is attributable to higher campus enrollment, the visibility of the Peer Support Network in classrooms and across campus has significantly contributed. Many students reported learning about our services through a classroom presentation.

In one notable instance, a peer educator provided critical support to a student in need of emergency mental health care. The Director recounted the event:

> Just last week [September 2023], one of our Advocates implemented the QPR intervention protocol to assist a fellow student. By following the process—questioning the student about thoughts of suicide, persuading them to seek help, and referring them to our office (personally escorting the student)—this Advocate saved a life. Additionally,

other Advocates have facilitated similar interventions, demonstrating the immense value of having trained students to support their peers.

This pilot initiative showed promise in supporting students from diverse backgrounds. Through the integration of experiential learning opportunities, the provision of varied educational services, and the use of data-informed strategies, the Peer Support Network offered an example of a collaborative, student-centered approach to mental health support in higher education. Preliminary outcomes suggest that the initiative may contribute to enhanced student well-being, academic engagement, and the development of a more supportive campus environment.

Challenges in Implementing a Peer Support Model to Supplement University Mental Health Services

The PSN project was not without its implementation challenges, including a small cohort, operational difficulties, funding constraints, and scheduling conflicts that may have affected its overall effectiveness. While participants represented a diverse group of students, given that only six were fully engaged in all program activities, the findings derived from their experiences are not broadly generalizable (Faber & Fonseca, 2014). Nonetheless, this pilot study has illustrated the benefits of having a peer support group focused on mental health education on college campuses, in addition to peer mentoring. The PSN project was deliberately launched on a small scale to allow us to monitor and evaluate the process, as well as identify some growth areas, ranging from communication to budgetary constraints, and expansion of services.

From an operational perspective, synergy between academic affairs and student affairs was a priority. The leadership team comprised faculty from the School of Behavioral Health and Human Services and staff at the Counseling and Wellness Center. Additionally, staff from Sponsored Projects and the Financial Aid Office provided support. This project would not be possible without the contributions of all parties involved. With collaboration, there was also the need for increased communication. Despite being part of the same university system, we encountered several administrative hurdles that highlighted the importance of cross-departmental collaboration. For example, when administering stipends, we had to pivot from our initial HR-based approach to working through the financial aid office, which required developing new administrative processes. Our differing priorities and operating procedures also caused some delays in the project timelines. With a novel project such as this one, it is expected that roadblocks will arise as the project progresses. Ideally, all stakeholders would be at the table from the planning stages so we can have more realistic timelines and expectations.

Securing sustainable funding for the program after the pilot phase posed a significant challenge. While we initially received a one-time grant sufficient for financing the program for a single school year, ensuring its continuation required ongoing efforts to identify and secure additional funding sources. This issue reflects broader trends in higher education, as institutional funding

for campus counseling centers has remained stagnant despite a dramatic increase in student mental health needs. This stagnation has led to overwhelming caseloads for mental health practitioners and a decline in care quality, particularly for students facing critical issues such as suicidal ideation and trauma (Abrams, 2022).

Limitations of the Study

Interpretation of these findings is limited by the small sample size and participant attrition between the pre-survey (N = 8) and post-survey (N = 6). Because the mode reflects the most common response and can be sensitive to individual shifts, results should be interpreted cautiously. Additionally, the lack of change in some perception items suggests that broader attitudes may be less amenable to short-term intervention or may reflect participants' observations of campus culture rather than personal beliefs. Overall, participation in the Peer Support Network training and outreach activities was associated with increased self-reported confidence and preparedness in supporting students experiencing mental health challenges, while changes in attitudes toward mental health were more variable.

Implications for Practice

To strengthen program implementation, we recommend incorporating formal focus group sessions with peer educators and Counseling and Wellness Center staff. These sessions would provide rich qualitative data to understand participants' perspectives better, identify training needs, and improve collaboration. Additionally, systematically collecting feedback from students who receive peer support is essential to capture their experiences and inform continuous quality improvement efforts. Developing a formalized system to track referral pathways can enhance understanding of how peer educators facilitate connections to professional services and improve care coordination. Such tracking would contribute valuable data to the research process and support robust program evaluation. Embedding these elements into the program's infrastructure can foster sustainability, scalability, and broader institutional commitment. We also encourage other colleges and universities to adopt and adapt these strategies in their own settings, pursuing IRB-approved research to replicate and extend the evidence base. Integrating peer support training into the broader university culture may build trust and promote early intervention, consistent with findings by Hilsdon (2014) and Ryder et al. (2017), who noted that peer support positively influences academic and social outcomes. Creating replicable protocols and data collection frameworks will help ensure that institutions can implement similar initiatives effectively while contributing comparable findings to strengthen the field.

Implications for Research

Future research should expand the implementation of the Peer Support Network (PSN) model to additional student populations and institutional contexts to evaluate its adaptability and effectiveness across diverse settings. Longitudinal studies are particularly needed to track changes over time in peer educators' confidence, campus mental health culture, and student outcomes. Incorporating validated instruments, such as those used in the Healthy Minds Study (HMS), can strengthen the empirical foundation by capturing quantitative data on mental health service utilization, help-seeking behaviors, academic performance, and retention. The HMS, administered via Qualtrics, is a widely recognized online survey tool that assesses demographics, mental health status, and service engagement (Healthy Minds Network, n.d.). Partnering with the HMS or developing comparable longitudinal survey tools administered annually would support rigorous program evaluation and inform continuous improvement. We encourage researchers and institutions to pursue IRB-approved human subjects research to build a more robust evidence base. Expanding IRB applications to include longitudinal tracking and comprehensive data collection will support stronger causal inferences and contribute meaningfully to policy development, resource allocation, and the refinement of peer support models in higher education.

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