On Peer Support Networks as Viable Treatment Options for Student Counseling

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**Introduction**

MIT has a history of anecdotal evidence pointing to student support deficiencies with regard to services such as mental health and counseling. Some problems are not unique to MIT, such as service barriers due to office location or scheduling constraints. Such systematic issues in traditional counseling services indicate the need for a more immediate and convenient system for administering support. However, such obstacles have historically been overcome by additional staff and other workarounds, and typically it seems that such practices are sufficient to compensate. Yet there exist additional problems which show the current system for mental health support to be incomplete.

These problems are partially enumerated in a recent article of *The Tech*, which cites the Healthy Minds Study reporting that 49% of MIT undergraduates polled “‘question how serious my needs are’ as a barrier to seeking help.” In addition to students who are fearful of seeking help, some students who receive help are required to have return visits which may or may not be effective once the initial problem has already been dealt with. Anecdotal evidence points out that counselors may be disinterested in follow up appointments, or perhaps students are at fault themselves for failing to make an effort to continuously be open and honest with a professional whom they only know for and from one hour sessions each week. In any case, a disconnect can understandably exist, prompting students in many cases to prefer to check in with a fellow student or friend instead of a professional service to get help dealing with low-risk issues and similar forms of stress.

In order to test these anecdotal hypotheses, an experiment must be performed. Surveys are useful for creating experimental setups but only go so far to solve underlying problems. This study and accompanying effort seek to complement existing MIT mental health and counseling services through a two-way bridge which will alleviate the burden of myriad low-risk cases from MIT’s professional services and simultaneously encourage more students to seek help through an easily accessible peer network of support. Many students express interest in helping each other and the MIT community, as evidenced by the TMAYD and “people before psets” campaigns. We are ready as an MIT community to empower students to help each other through peer counseling support networks.

**Problems**

Students do not feel comfortable visiting MIT medical for what they perceive to be “small” issues.

Some students with past issues are required to attend follow-up meetings and find these ineffective, impersonal, or otherwise burdensome.

MIT mental health and counseling is not an instantaneous service and still serves the entire MIT population; therefore it cannot respond right away to an immediate feeling an individual student has.

MIT mental services does not have a student-based outlet to which it can refer students for support in cases when students just need to talk with someone who cares.

**Hypothesis (Prototype Solution Proposal)**

Like the TMAYD and “people before psets” campaigns demonstrated, people are ready to help the MIT community at a negligible cost to themselves, namely the donning of a bracelet or the posting of a status. Because students are known to have some (though vanishingly small) free time, they are likely to socialize in a way that is meaningful to them. Many eat together or attend parties where food or drink is consumed. Going to the movies, hiking, sailing, playing video games, building robots, and other activities also abound. Even when students purport to enjoy alone time, social media, television, and even reading are forms of engagement in communities that are simply embedded in virtual or fictitious realms.

The author believes that an easily accessible, non-invasive interface (such as a text message or a button in an app) for connecting concerned peers and students who desire community/counseling help--be it a conversation, a listener, a hug, or advice--would attract myriad students from both the help-seeking and help-giving perspectives, or even both at once.

Ultimately, such a tool could ease the burden on MIT’s mental services if official referrals for low-risk cases or follow-up check-ins could be given to the peer counselor network, with potential options for professional supervision, feedback, and management of peer counseling sessions or other accreditation of established peer counselors (for instance, counselor A has helped over 100 students improve from feeling like 2 on a 10 point scale to 7 on a 10 point scale through conversations/meet-ups so MIT medical grants counselor A an official referral for a bi-weekly hour meeting with a student who went to MIT medical to speak with someone about feeling left out of archery class but who is fine with academics, UROP, and social life).

**Procedure**

At HackMIT during September 2015, projects will debut targeting some of the problems enumerated above. During this time, and throughout the fall semester, students will collaborate to create a unified service and interface which can best help address the problems to complement existing services.

The student group guided by this document will reach out to existing services such as MIT medical, s^3, the UA, Peer Ears, 7 Cups of Tea, Active Minds, etc. to receive feedback and direction as to how students are best served. We will be especially keen to develop a procedure by which official referrals can be given to peer counselors from MIT medical and s^3 and explore the various forms of supervision a potential interaction platform can incorporate.

The current goal is to create and popularize a platform for peer counseling which students can participate in. At the end of the term, an evaluation of the semester’s efforts will be conducted and the next steps will be planned accordingly.

**Structure**

Students seeking help enter the support network on their own initiative, and eventually, on the recommendation of MIT’s professional medical staff. Students are matched with a counselor either automatically or on the initiative of the counselor. A messaging-based or in person counseling session will then occur. If funding can be obtained, complimentary ice cream could be given to the pair as a medium of interaction. After the session, feedback is given on necessary metrics, such as wait time, helpfulness of counselor, helpfulness of service, etc. If a student is officially referred, then check-in forms could be filed with MIT medical from both the student and peer counselor along with possible periodic follow-up meetings involving professional staff along with both the peer counselor and the student.

Peer counselors could sign up anonymously for text services or create profiles for ratings and comments. The idea is that anyone who cares about people can be an effective counselor for her or his peers. The exact mechanism is platform-dependent.

Security and privacy will evolve with the platform. It may be necessary to have automatic text monitoring so peer counselors remain helpful and caring. It may be necessary to have mandatory counselor training. Initially, a base of trusted counselors will help launch the product to avoid issues.

**Platform**

The optimal platform is unclear; there may not even be one. The New York TImes published an article about the Crisis Text Line and the MIT Media Lab has previously worked on Panoply for crowdsourcing help for depression and anxiety. New ideas from the HackMIT teams include anonymous texting networks or uber for stress map-based matching-type applications. This will be constantly under development as the project evolves.

**Benefits**

A peer network of counselors will help students who are afraid to go to MIT medical for whatever reason, who do not believe they have the time to go to MIT medical, or who are required to have follow up visits of marginal benefit. The network will be a safe zone for students to discuss their issues and receive help, without the stigma professional mental services often carries among insecure students.

**Problems**

Resource unawareness and liability are likely to be two key problems with a peer support network. The key to solving awareness is to simply make the platform widely known and accessible. If it succeeds (think Facebook), then everyone will know about it. Liability is a bit tougher since peer networks will likely be composed of untrained volunteer counselors. A scheme such as the example at the end of the hypothesis could be used to quantify qualifications for counselors to be referred low-risk cases from professional counselors.

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