



Brief Report

Peer support and young people's health

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The health problems that young people experience are largely related to psychological and behavioural factors. Peer-led initiatives have a positive effect on several factors that influence young people's health. Self-esteem, self-efficacy and locus of control are particularly important to young people's health. The particular strengths of peer support and reciprocal peer support in achieving effective health promotion are described. Practical issues about establishing effective and sustainable peer support initiatives are discussed.

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Introduction

Peer-led initiatives inherently acknowledge young people's skills and abilities and their constructive role in the solution to problems. The perception of young people themselves as "problems" and as passive recipients of professional help exacerbate the experience of worthlessness and powerlessness that some young people suffer (Reissman, 1990; Wolin and Wolin, 1995). Peer-led initiatives can increase young people's self-esteem and their sense of effectiveness and control in their lives. These factors play a role in determining young people's health-related behaviours (Cooper *et al.*, 1998), their ability to access health services appropriately and so influence young people's health (Crockett and Peterson 1993; Millstein and Litt, 1993). Peer-led initiatives are an exciting and promising development in the field of young people's health and effective health promotion more generally.

Current trends in young people's health

There is increasing recognition of the health problems faced by young people and evidence to show increasing morbidity during the teenage years (Macfarlane *et al.*, 1987). Some aspects of teenage ill health, such as unwanted pregnancy and suicides among young men, have been highlighted by the government in "Our Healthier Nation" (Secretary of State for Health, 1998). Teenage health has featured more prominently in the medical literature over recent years, particularly in the areas of primary care and nursing (Donovan *et al.*, 1997; Jones *et al.*, 1997; Gregg *et al.*, 1998). While morbidity and mortality from "organic diseases" such as cancers, infections (excluding STDs) and kidney infections, have tended to decrease, diseases with a largely psychosocial or behavioural cause, such as unintended pregnancy, sexually transmitted diseases, problematic substance misuse (Blum, 1997), accidents causing injury, violence, eating problems, self-harming behaviours and suicide, have increased

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(Department of Health, 1994). Accidents and poisoning (which includes some suicides) account for over half the deaths in the 10–19 year age group (Henderson *et al.*, 1993).

Self-esteem and health

The association between emotional and social well-being and physical health is increasingly recognized (Greene and Walker, 1997; Stewart-Brown, 1998). Many health problems experienced by young people have an association with low self-esteem (Rutter, 1987; Brooks, 1992; Harter, 1993). Self-esteem describes the degree to which an individual accepts, approves of, or has a sense of pride in his- or herself. In adolescence, self-esteem is affected by a young person's judgement of their competence in certain personally valued areas, such as acceptance by peers and physical attractiveness (Harter, 1993). A young person's sense of support from their parents and peers is also associated with self-esteem, with peer support becoming increasingly important during adolescence. The relationship between self-esteem and gender, social class, race and academic achievement has been widely researched (Harper and Marshall, 1991). Peer initiatives can enable young people to maintain a healthy sense of self-esteem by providing skills with opportunities to feel competent and successful. Peer support enables young people to develop effective coping strategies and receive social support from both peers and adults (Greene and Walker, 1997; Tilford, 1997).

Being involved in peer initiatives can increase a young person's sense of personal efficacy. Self-efficacy is an individual's sense of how competent he or she is to successfully achieve personal goals. It is related to psychological and social well-being and the ability of teenagers to adopt health-promoting behaviours (Crockett and Petersen, 1993; Millstein and Litt, 1993). In addition to an individual's self-esteem and self-efficacy, a young person's sense of how much he or she is in control of, or able to influence circumstances, is relevant to health-related behaviour (Wolin and Wolin, 1995; Stewart-Brown, 1998). The sense that one's situation is largely determined by external factors, an external locus of control, is related to health-risk behaviours such as unprotected sex.

From a sociological perspective, young people's low self-esteem and low self-efficacy can be understood by examining their role in society. Young people are often disrespected. They are identified as a "problem group", excluded from economically rewarded work and politically disenfranchised. When this is combined with poverty, poor educational achievement and a low likelihood of future employment the negative effect on self-efficacy can be profound. From this perspective one can understand the deep feelings of worthlessness and powerlessness that some young people suffer.

Effective health promotion

Several studies have shown that peer initiatives can improve knowledge, change attitudes regarding health-related behaviour and improve both self-esteem and self-efficacy (Bernard, 1991). These are all important factors in promoting health effectively. Peer initiatives have been used in the areas of HIV prevention, smoking cessation, prevention of substance misuse, prevention of unwanted pregnancy and support for young people with chronic health problems.

Peer initiatives also have potential for effective health promotion into adult life. Many patterns of behaviour are established in adolescence, including health-related behaviours such as eating and exercise habits, use of tobacco and alcohol and ways of responding to stress (Hurrelman and Lasel, 1990). Some of the most prevalent and challenging adult health problems of the present—heart disease, stroke, peripheral vascular disease and some cancers—are caused or exacerbated by particular health-risk behaviours. Therefore, future adult health could be improved by influencing the factors which determine health-related behaviours in adolescence (Rutter, 1997; Stewart-Brown, 1998).

Peer initiatives

There are many forms of peer initiative with a myriad of different titles including peer education, peer mentoring, peer support, peer counselling and peer mediation. Group training for young people in social skills, listening skills and group leadership skills and some support groups for young people have similarities to peer initiatives and can have similar benefits. Peer initiatives give young people the benefits of being in the helper role (Reissman, 1990). These include increased self-esteem from the knowledge that one has something to offer, decreased dependency, a sense of control that can be empowering and a feeling of social usefulness. This is consistent with the evidence that young people involved as peer “helpers” have a greater increase in self-esteem than those young people helped by them, who also gain but to a lesser degree (Kohler and Strain, 1990). It is also interesting that young people who undergo training to become peer supporters or peer educators, but elect not to take up that role, also benefit.

To be effective the activity must acknowledge and respect young people's skills and contribution and young people must determine the purpose of the activity (Bernard, 1991). There continues to be a danger of adult professionals hijacking the process and “using” young people in a sham peer initiative to pursue the adult's agenda. There has also been a misconception in some quarters that peer initiatives may provide a cheap and easy way of achieving an end. Successful peer initiatives grow from the commitment, enthusiasm and skill of an individual who initiates the process and supports the young people in their involvement. Appropriately established and supported peer initiatives may not be quick, cheap or easy but can have a profoundly positive effect on the self-confidence, skills and sense of accomplishment of the young people involved. These outcomes appear to be long-standing and to have a positive influence in other areas of the young person's life (Bernard, 1991).

Peer support

Young people already provide each other with a large amount of informal support. Friends listen to each other and share areas of anxiety, grief and concern. For example, a young person may disclose abuse to a friend of the same age many months or years before feeling able to disclose to an adult or professional. However young people often lack information about the best ways of supporting someone in distress and are usually unaware of services available to young people and how to access them. Peer support training gives young people these skills and this vital information.

Peer support describes a process whereby young people receive training in listening and basic counselling skills. The training also addresses confidentiality and child protection issues. Training is given on specific issues requested by the young people involved, such as sexual health, substance misuse and self-harm. Information about services available to young people is included with training on when, how and to whom to refer.

Young people who become “peer supporters” require the consistent support of an appropriately trained and available adult. Personal issues may be raised through training or by issues presented by a young person they are supporting. Critically, if a peer supporter sees a young person who requires immediate more expert help, such as a young person struggling with abuse or self-harm, an adult must be available to whom the peer supporter can refer.

Peer supporter initiatives need to be sustainable. A “cascade” of training for peer supporters is ideal whereby older, established peer supporters are involved in the training and initial mentoring of a new, younger group of peer supporters. Consistent adult supervision and support of this process is important to provide continuity, safety and structure when necessary without “taking over” the process.

Peer support training acknowledges that all people have times of stress when it is useful to talk with a supportive friend. It therefore normalizes the process of seeking help for emotional distress. This is important in preventing the stigma often associated with “having problems” or “needing counselling”. It may also enable young people to gain support at an early stage of emotional distress. Peer support has similarities to the concept of “the enhancement of psychological wellness” (Cowen, 1994), offering psychological support to well individuals with the advantage of enhancing “wellness” before severe, visible, change-resistant problems arise. Peer support facilitates the development of appropriate, effective responses to acute and chronic stresses (Zuckerman *et al.*, 1998; Shedler and Black, 1990).

A peer support project is not quick or easy to establish and is not a cheap alternative to professional services. Peer support requires skilled and committed adult support and supervision to function effectively and, crucially, to prevent young peer supporters handling complex psychosocial and emotional problems inappropriately on their own. Peer support is not automatically self-sustaining and organization, planning and persistence is needed for an effective initiative in the long-term.

Reciprocal peer support

Reciprocal methods are often used in training to enable people to practise their listening, support or counselling skills with each other. One person takes the client role, talking about a subject of concern, while the other person listens in the counsellor role. After a defined period of time the individuals exchange roles. Reciprocal counselling or “listening partnerships” can be used for ongoing support as well as training. This turn-taking enables both people to receive the benefits of being actively listened to without either being identified as “the one in need of help”. In traditional, non-reciprocal counselling the client may experience stigma, passivity, dependency and a decrease in self-esteem (Reissman, 1990). Young people may be particularly vulnerable in this regard. Concerns have been raised that a “counselling culture” may encourage young people to become dependent on professional help for a variety of life stresses that would previously have been resolved informally with friends or family. Reciprocal and peer methods avoid this possible pitfall.

Summary

Young people's health is important. It matters for the well-being of young people now and for the health of the adults they will become. Many health problems in adolescence and in adulthood are caused or influenced by health-related behaviours. Information alone does not effectively promote health. Self-esteem, self-efficacy and locus of control all play a role in enabling young people to establish and maintain a healthy and health-promoting life-style. Peer initiatives in general and reciprocal peer support in particular have a beneficial effect on young people's skills, confidence and sense of self-efficacy. Peer support could be profoundly effective in promoting the health and well-being of young people and the adults of the future.

Acknowledgements

I acknowledge with thanks the many discussions with Caroline Holmes drawing on her practical experience in preparation of this paper.

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