Peer support groups and peer mentoring in refugee adolescents and young adults: A literature review

Filippos Barbaresos[1], Nelly Georgiou[1], Fotis Vasilopoulos[1], Chrysovalantis Papathanasiou[1]

Author Biographies:

Corresponding Author: Chrysovalantis Papathanasiou, Association for Regional Development and Mental Health (EPAPSY), Salaminos 36, GR-15124, Marousi Attica, Greece. Tel.: 0030 6948374913. Email: ch.papathanasiou@epapsy.gr

---

[1] Association for Regional Development and Mental Health (EPAPSY), Greece

Peer support groups and peer mentoring in refugee adolescents and young adults: A literature review

Abstract

Peer support and peer mentoring have been used in various contexts as interventions to improve mental health and help people cope with life difficulties. This literature review explores the application of these methods for adolescent refugees. It also attempts to determine the effectiveness of these interventions, the methodology of assessment of their effectiveness and the specific settings where they have been used. We conducted a review of studies that included peer support and peer mentoring interventions for adolescent refugees/asylum seekers. We searched Google Scholar, PUBMED and SCOPUS, for the period from 2011 to September 2021. The review identified only five studies that met our criteria in terms of demographic characteristics and type of intervention. Four of the five studies used only qualitative methods for their assessment. Only one of them used quantitative methods to determine the intervention's effectiveness. The settings included schools, universities, and other general community spaces. The refugee status varied between asylum seekers and refugee status. There is a need for more rigorous and methodologically consistent research, using more quantitative methods to enable clearer comparison of evidence-based results. The usefulness of peer mentoring and peer support should also be explored in more contexts, such as in Reception and Identification Centers for asylum seekers. Despite these shortcomings of the current literature, all the reviewed papers outline a positive impact of the interventions on young refugees' lives in terms of mental health benefits, coping with life difficulties, or gaining access to valuable resources.

Introduction

According to the United Nations High Commissioner for Refugees (UNHCR, 2010), a refugee is someone who has been forced to flee his or her country because of persecution, war or violence and has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion, or membership in a particular social group. An asylum seeker is a person that has applied for protection in another country for some of the aforementioned reasons, but whose claim has not yet been assessed and therefore have not been granted the protection status of "refugee" (UNHCR, 2021).

These definitions imply pressures that refugees/asylum seekers undergo in three separate times and places (Block et al., 2018). The first one refers to pressing conditions in their countries of origin, such as war, political instability, persecution of their beliefs, sexual orientation, religion, and generally conditions that put them at risk of severe physical or psychological harm (Cole & Blythe, 2010). When they flee their country and during the ensuing journey, they may be exposed to adverse living conditions, perilous situations (e.g., travel at sea), the death of others and the fear for their own lives, as well as abuse or exploitation from smuggling networks or even local state authorities (UNHCR, 2017). Lastly, when they arrive at the hosting country, they are immediately faced with new

challenges, such as having to learn a new language, facing the uncertainty of asylum procedures, discrimination, and financial uncertainty (Carswell et al., 2011).

As a result of these subsequent, often traumatizing events, many refugees and asylum seekers exhibit multiple distressing physical and psychological symptoms associated with the stressful events they have encountered (Wells et al., 2016). This fact often leads researchers and practitioners to focus on the trauma that refugees have endured and implement intervention programs that focus on symptoms of Post-Traumatic Stress Disorder (PTSD) (Obradovic et al., 2013). Nevertheless, it is important to not label all refugees as suffering from some type of pathology, simply because they face extraordinary hardship, but to take into account that people who face forced displacement often develop strengths that help them remain resilient in the face of adversity. In this instance, resilience refers to a positive adaptation, or the ability to maintain or regain mental health, despite experiencing adversity (Wald et al., 2006).

Peer Support

Peer support can be defined as a system of giving and receiving help based on the key principles of respect, shared responsibility, and mutual agreement of what is helpful. Understanding between the peers is not derived from scientific paradigms such as psychiatric models or diagnostic systems but is constructed by empathically using their shared experiences and psychological pain (Mead et al., 2001). A basic belief of peer support is that people who have similar experiences and share key background characteristics can better relate, understand the needs of people dealing with similar challenges, and offer more authentic empathy and validation (Mead & Macneil, 2004).

The peer support approach has been utilized for childhood trauma (McCormack & Katalinic, 2016, addiction (Boisvert et al., 2008, cancer (Yaskowich & Stam, 2003, HIV (Berg et al., 2021, stroke (Christensen et al., 2019, and mental health services (Davidson et al., 2006; its application has demonstrated positive outcomes for diverse target groups, including refugees (Paloma et al., 2019; Schechter, 2004).

Many benefits have been noted for the participants of peer support groups. Regarding the benefits for the participants, it's reported that members of peer support groups, compared to users of mainstream mental health services, have the same amount or less hospitalizations and they tend to remain in the community for longer before their first psychiatric hospitalization (Clarke et al., 2000). Also, they have reported that they are feeling more empowered by the adoption of new ways to think and behave (Resnick & Rosenheck, 2008) and they have an increased sense of independence and self-confidence (Ochocka et al., 2006). Another benefit for them is that they feel that they gain control of their symptoms, and, consequently become more involved in their treatment, leaving behind the passive role of "patient" (Ochocka et al., 2006). Another significant benefit of peer support practices is the promotion of social support and the development of new support networks, which for people with mental health challenges or people experiencing adverse living conditions tend to be limited or fragile (Mead et al., 2001). Additionally, the fact that peer support group members connect through personal experience gives participants the sense that their personal challenges are genuinely understood and accepted (Coatsworth-Puspokey et al., 2006). These components of peer support groups help participants in altering their attitude towards mental illness and therefore in breaking down the stigma

and fostering hope in the peers they work with (Sokol & Fisher, 2016). Additionally, peers can act as positive role models, as people who have successfully navigated their own traumatic experiences (Shaw, 2014).

For people providing support to peers, studies report benefits such as enhanced confidence and self-esteem, deriving from the feeling that the help they provide is appreciated and impactful (Ratzlaff et al., 2006). Bracke and colleagues (2008) even found that providing peer support was more beneficial for the participants of the study than receiving it, in terms of its impact on self-esteem and empowerment. Possible reasons for this finding could be the importance of employment status and the identity shift from consumer to provider (Hutchinson et al., 2006).

Apart from the people individually receiving help, the peer support model can positively impact the mental health services system on a macroscopic level, in terms of cost effectiveness, reach and accessibility. The fact that peer support making use of non-professionals to provide mental health support can lead to an overall decreased cost of mental health services. Furthermore, peer support has been shown to decrease hospitalization time, both for peers receiving support and those providing support to others (Solomon, 2004). Peer support being facilitated by peers of people in need of mental health support instead of professionals, means that it can better permeate groups and reach people that conventional health services fail to engage due to demographic (e.g., socioeconomic status) and cultural-environmental (e.g., social network) challenges (Sokol, 2016). People that have associated traditional mental health services with negative experiences might also find peer support more acceptable.

However, there are also some challenges mentioned in the literature. Some of the challenges identified are the difficulty to maintain boundaries and the difficulty for peer support members to remain within their role in the group (Solomon, 2004). Although this is considered as a challenge sometimes, Mead and colleagues (2001) disagree, as they consider that there is an opportunity for both peers and peer support providers to grow and create meaningful and reciprocal relationships beyond their strict roles as provider and receiver. Another challenge has to do with power imbalances that can develop when peer support providers are offered payment, training, and the title of the facilitator (Mead et al., 2001). The power imbalances are especially dangerous when they are not recognized or worked through(Fisk et al., 2000). In addition, Chinman and colleagues (2006) found that peer support workers are sometimes exposed to stress that exceeds their ability to regulate it and this can prove obstructive to their own healing process. It is significant for these challenges to be recognized and processed through supervision practices.

Peer mentoring

Peer mentoring can be considered a more specific type of peer support. However, there is no agreed-upon definition of peer mentoring in contemporary literature. Peer mentoring is usually applied in educational settings, for school and university students. In the educational setting, peer mentoring refers to the relationship of a more experienced or older student who helps a less experienced student in various ways, including sharing useful information, providing motivation and guidance, assisting in the learning process, building a social network, and advocating for them (Colvin & Ashman, 2010). Andrews and Clark (2011)

recognize different types of peer mentoring depending on the form in which it is provided. One type entails one-to-one sessions from a mentor to a mentee and another is group peer mentoring, in which one mentor provides assistance to a group of mentees. These two forms may be applied as brief or long-term interventions. Other types of peer mentoring, mentioned by Andrews and Clark (2011) are the "partnership-led" peer mentoring, in which two peer mentors lead a small group of mentees and the mutual support group where a group of students specifically placed together, help each other with the difficulties they go through. Although there are many types of peer mentoring, the most common is one-to-one peer mentoring in which more experienced students mentor their less experienced peers - or mentoring peers at the same level (Andrews & Clark, 2011).

Peer support and peer mentoring in refugee communities

Research shows that group and community interventions are more efficient than the traditional one-to-one mental health services to the refugee populations, as long as it addresses the need for community healing (Bass et al., 2013; Im & Rosenberg, 2016). Given that many refugees belong to collectivistic cultures in which healing takes place within the community, individual psychotherapy can be considered as incompatible with their own cultural values (Block et al., 2018). Additionally, because refugees in many occasions have been through similar experiences and they have been exposed to cumulative trauma, may face challenges to their community and social identity, in addition to their personal identity. Community based interventions, including peer support groups, can provide a safe and empathetic place for them to process their experiences and improve their self-esteem (Kira et al., 2011).

Regarding the acculturation process, researchers suggest that having others from their country of origin welcome them and acclimate them to their new surroundings helps in easing the transition to a new location (Kaslow, 2014). Additionally, because refugees are less likely to use traditional mental health services, the peer support model provides a suitable and effective alternative for refugee's social and emotional support (Cole & Blythe, 2010).

Among other initiatives, there have been applied and assessed as efficient intervention formats such as mutual learning and advocacy (Hess et al., 2014), peer-led community health workshops (Im, 2018), peer-support programs (Badali et al., 2017), and community gardens (Hartwig & Mason, 2016). Research suggests that after social support interventions, refugees reported increased social integration, decreased loneliness, and healthier coping skills (Stewart et al., 2012).

Recovery model and peer support approach

The recovery model is the main therapeutic approach in community psychiatry. This model is based on a biopsychosocial approach of mental health treatment as opposed to a biomedical one. As far as the definition of recovery is concerned, in the 90's recovery had been described as "the guiding vision of the mental health service system". According to Antony (2002, p. 527):

> *Recovery is described as a deeply personal unique process of changing one's attitude, values, feelings and goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness. Recovery involves the*

development of new meaning and purpose in one's life.

Deegan (1988) clarifies very important aspects of the concept of recovery. Persons are not passive recipients of rehabilitation services. Rather, they experience themselves as recovering a new sense of self and of purpose within and beyond the limits of their vulnerability.

Active engagement and relationships within the community require a mutual appreciation for the potential of people, refugees or natives. The process of engagement and consequent recovery is strongly linked to social inclusion. A key role for mental health and social services is to support people to regain their place in their communities, to take part in mainstream activities and to utilize opportunities for growth (Stylianidis et al., 2014). There is growing evidence that supports the contention that taking part in social, educational, training, volunteering and employment opportunities can support the process of individual recovery (Jacob, 2015).

People in vulnerability need to be supported to create their own recovery plans, set their own goals, map their processes, identify their strengths and weaknesses, recognize the roadblocks and facilitate good practice, which keeps them well (Jacob, 2015). The recovery process-based model aims to minimize the role of the mental health professional in the user's life over time and to strengthen the role of friends, family, neighbors, and other members of the community. Mentors help individuals activate their support networks by developing new links and strengthening existing ones (Antony, 1993). Having a safe space to talk and share a common or more subjective experience, increases the sense of belonging into a community, especially as a protective and promoting mental health resilience factor (Borraccino et al., 2020).

The goal of the current study is to explore the existing literature of mentoring interventions that are addressed to young and adolescent refugees. Given the established benefits of peer to peer services and their appropriateness for the refugee context that have been mentioned so far, we believe that a review of similar interventions for younger populations may enhance our confidence in implementing them going forward. We are interested to see which benefits persist for younger populations, what specific peer to peer schemes have been implemented so far, what challenges have occurred and how they have been met. We will also be highlighting some methodological qualities of the existing literature, in hopes of determining how safely they support our assumptions of peer to peer intervention benefits. Gaps in research will also be explored in terms of population, demographic characteristics, intervention styles, environmental contexts and methodological limitations, in hopes of creating a clearer image of the research that should be conducted going forward.

Method

Search protocol

The electronic databases that were used for the search of the published literature were SCOPUS, PUBMED and Google Scholar, for the period from 2011 to September 2021 with the search terms: "peer support groups" or "peer mentoring" and "adolescents" or "youth" or "young people" or "teenagers" and "refugees" or "asylum seekers".

Paper inclusion and exclusion criteria

The inclusion criteria were: (1) written in English, (2) described and evaluated

a specific intervention for peer support groups or peer mentoring, (3) the intervention to have been applied to adolescent refugees or asylum seekers, (4) were available on the internet, and (5) the research to have been published in peer reviewed articles. The exclusion criteria were: (1) did not describe a specific peer support program, (2) focused on adults,(3) were published before 2011, and (4) did not mention the age group of the participants.

Paper selection

The selection of the papers followed a three stages process and is presented in Figure 1 below. In the first place, the findings examined for their applicability through their title and the most of them were excluded. Then, the abstract of the included papers was reviewed and some of them were considered as eligible. In this stage the duplications and the papers that did not describe specific types of intervention were excluded. In the final phase of the process, the entire texts were thoroughly reviewed and the 5 final papers that are included in the review were chosen.
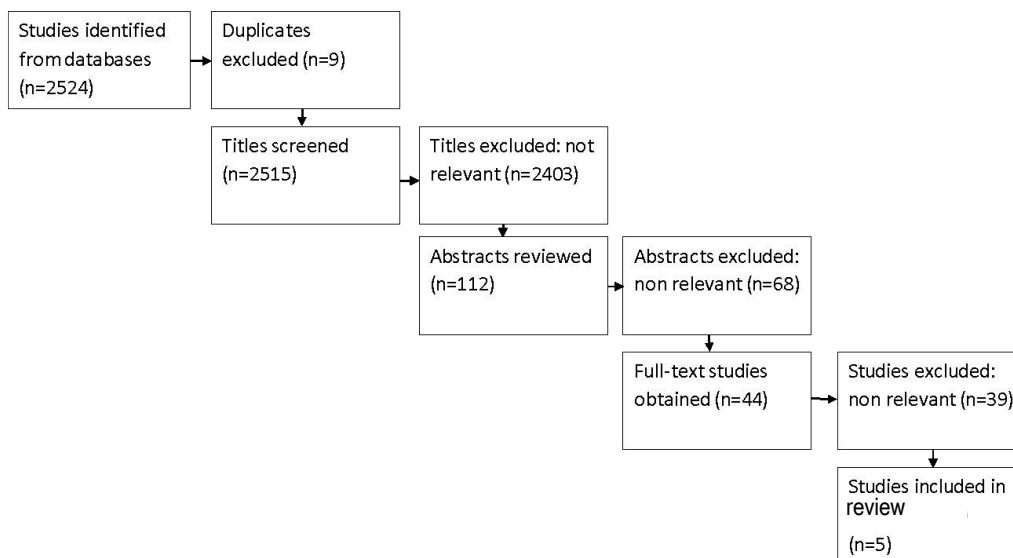

Figure 1. Process of paper selection

Results

A brief description of the studies: setting and goals

The trauma healing club intervention initially was designed as an implementation of the Cognitive Behavioral Intervention for trauma in schools (CBITS), which was culturally adapted using feedback from participants and their families. The pyramid mentoring component of the intervention, which is included in the publication, was an impromptu addition to the original design, after a number of

"graduates" expressed interest in continuing their participation as mentors. In the Elswick et al. (2021) research publication, the intervention is assessed for its effectiveness.

The Raithelhuber (2019) publication is a qualitative exploratory investigation that attempts to give a picture of how refugees, specifically unaccompanied refugee minors perceive mentoring, and the relationships with their mentors. It was applied to a population of URMs in Austria, that had participated in the "godparenthoods for URMs" pilot

program, which assigned adult volunteers as mentors with a general purpose of supporting and enabling mentees to deal and cope with complex personal issues. The study explores in what ways this goal materialized, through the eyes of the mentees and their understanding of their relationships with the mentors.

Peer mentoring and intercultural understanding: Support for refugee-background and immigrant students beginning university study. It is an exploration of the impact of the Equity Buddies program, an initiative which was launched in 2012 at Western Sydney University. The program adopts an intercultural approach to mentoring, pairing older student mentors with younger, refugee-background students entering university. Some of the goals of the program included imparting knowledge on practical and institutional matters concerning campus life, both typical and atypical skills required to succeed in university and acting as mediators between the mentees and campus social life and expanding their social networks. The present study focuses on the impact of mentoring on the mentors themselves, in terms of the betterment of their intercultural understanding through their prolonged interaction with their mentees, and the potential for establishing more supportive social environments for refugee-background students.

The Messiou and Azaola (2018) study assesses the benefits of a peer mentoring program, implemented among students of three secondary English schools. During a period of five months, mentors and mentees held meetings at least weekly, where mentors guided the mentees through their interaction, to an extent, asking about their needs, their interests and feelings about school life. The study assesses the benefits and challenges of the peer mentoring scheme, using data collected through a series of structured

interviews carried out with mentors, mentees, and coordinators of the project.

Bridging distances (Valtonen, 2014) aims to explore the ways in which peer support impacts unaccompanied minor asylum seekers. It is an ethnographic study, in the sense that data was collected mostly through participatory observation, with some additional data gathered from interviews and group discussions. The study takes place in the Safety net project, which provided peer support visits to two group homes for unaccompanied minor asylum seekers in the Helsinki area of Finland.

Differences in the demographic characteristics of participants

Despite papers being screened for demographic factors, there seems to still be significant differentiation in the demographic characteristics of the studies, particularly in terms of the specific refugee status of the participants. Trauma healing club (Elswick et al., 2021) and Bridging distances (Valtonen, 2014) were some of the few that matched peers with mentors of the same lived experience, that spoke the same language and had a shared experience of psychological and emotional pain. Raithelhuber (2019) on the other hand paired mentees with adult volunteer mentors from the local community. Messiou and Azaola (2018) mentors and mentees were both adolescents, belonging to the same age group and both had an immigrant background. However, the study chose participants with an "immigrant" status requirement, without differentiating between different immigration statuses (e.g., economic immigrant, refugee, asylum seeker). A different immigration status could potentially create heterogenous participant profiles, such as different experiences of immigration, different relationships with immigration services and legislations and different vulnerabilities. Vicker's

research (2017), while it is addressed toward refugee background students, focuses its assessment on the experience of the mentors. Mentors were non-refugee university students.

Mentors' experiences and benefits

Most of the studies reported findings on benefits for the mentors themselves. A "greater understanding" was reported by both Vickers' (2017) and Messiou & Azaola (2018). The first study reported on this parameter in an intercultural context. Mentors were found to be more culturally understanding and to have questioned cultural stereotypes. The second study reported on the mentors developing higher empathy in a broader sense.

Another common benefit for the mentors appears to be the broadening of their social circles and the development of interpersonal skills. "Bridging distances" (Valtonen, 2014) participants acquired through the program a new supportive network and relationships, and Vickers' (2017) and Messiou & Azaola's (2018) participants expanded their social networks along with their mentees.

A final benefit that is common between studies is the expansion of the mentors' problem-solving capacities. It is interesting that the papers report diverse ways in which the mentors perceive this to happen. Vickers' (2017) and "Bridging distances" (Valtonen, 2014) mentors did so by gaining new supportive networks, either through expanding their social networks, or through group meetings with fellow mentors, where they shared problems and solutions. On the other hand, Messiou & Azaola's (2018) participants seem to have developed personal problem-solving capacities. The process of listening to their mentees' problems and having to find solutions together, helped them to be more confident and

seek alternative resources to solve problems they couldn't solve themselves. Valtonen (2014) discusses the role of mentors as role models. Mentors who have experience as refugees themselves, but are at a different stage in their lives, can be role models of successful integration in their destination countries. They give mentees a tangible goal, they can visualize positive outcomes for their situation themselves and become more hopeful. They also acquire positive behaviors and means to adapt, in order to pursue more positive outcomes for themselves. Mentors themselves feel empowered to be able to offer positive role models for younger mentees, as they often hoped they had such examples to follow themselves when they had first arrived (Valtonen, 2014).

Benefits for mentees

Apart from the Vickers (2017) study, which focused more on the experience of the mentors themselves, all publications reported building new relationships as a clear benefit of peer mentoring for the mentees. These relationships might take various forms, depending on the nature of the setting. Mentees reported developing close relationships with their mentors, oftentimes leading into friendship, or an approximation to a parental bond, in cases of adolescents pairing up with adult mentors. In different settings, the mentorship was a catalyst for mentees to expand their social circle, having an easier time making friends, getting acquainted with new people and discovering paths towards integration with local communities.

Another benefit for the mentees, which is prevalent in all the reviewed literature, was the emotional support they received, and the existence of an emotional component in the mentoring programs. This, again, might take various forms, from general support in

talking through difficulties and problems (Messiou & Azaola, 2018; Valtonen, 2014) general psychological support (Raithelhuber, 2019), or emotional support in making difficult transitions (Raithelhuber, 2019). It is worth noting that the aforementioned publications have qualitative research designs, and mostly recount through interviews or logbooks the general perception of the participants, about the ways emotion and emotional support are experienced in peer mentoring. While emotional support clearly stands out as a principal component of the mentoring programs, which most participants perceived and found helpful, it is hard to discern between the different kinds of support and the emotions worked through, as the results are not quantifiable or comparable. In this regard, Elswick and colleagues' (2021) research stands out, as it uses preexisting psychometric measures to determine the specific effect of the intervention. Specifically, the Subjective Units of Distress Scales (SUDS) or Feelings Thermometer assessment was administered throughout the intervention, which was used to measure the participants' ability to regulate emotions through communication. While this skill is much narrower compared to other publications' approach to the emotional components of the interventions, it gave a tangible measure of improvement throughout the intervention.

Methodological review and concerns

Most of the papers included in this review use qualitative research designs and methods of measurement. These might include semi-structured interviews (Messiou & Azaola, 2018; Raithelhuber, 2019; Valtonen, 2014) and written accounts of the participants such as written reflections or logbooks (Vickers, 2017). Thematic or contentanalysis was utilized to cluster the main results. These methods are useful in evoking the participants'

original thoughts and giving a more thorough and authentic account of their personal experiences. This is particularly important, when the researchers try to discover how components of peer mentoring interventions are perceived by the participants, in their own words and understanding (e.g., Valtonen, 2014). However qualitative methods do have some limitations regarding their validation, and the generalization of their results. Particularly within the body of research that was eligible for this review, the interventions reviewed are very varied in terms of settings, demographic characteristics of the participants and the nature of the interventions. This allows the presentation of the person experiences of the participants, that are better depicted through the narrative qualities of qualitative research, but do not give us statistically relevant information on what works and what does not. Two of the research processes also included participatory elements, where they held common activities with the participants (Raithelhuber, 2019; Vickers, 2017), which introduces greater observational bias and observer interference to the design. Furthermore, some of the studies present accounts only from the participants and do not attempt to triangulate results from various sources of information, in order to obtain a slightly less personalized interpretation of the mentoring experiences (Vickers, 2017) through comparative data.

Some of the qualitative studies included, had methodological qualities that offset inherent methodological drawbacks and increased trustworthiness. Vickers (2017), collected data through self-reporting journals, minimizing researcher bias and data was collected at two separate time points. It is however worth noting that data was not triangulated in terms of location and data collection methods. Valtonen (2014) extracted data through observation group discussions and

interviews. It is worth noting though, that in this process, the analysis of the data collected through observation and the content of the interviews and discussions mutually informed each other as opposed to being independent of each other, thus minimizing the trustworthiness effect of triangulation, especially since observer bias was not mitigated by the existence of independent researchers or peer debriefing. Research took place over four months of frequent contact with participants, but it is not specified whether that meant data was collected at separate time points from the same participants, with the same collection method. Raithelhuber (2019) conducted interviews with mentees from separate locations, but only two focus groups were held and focus groups with the same mentees were not repeated. Finally, Messiou (2018) collected data from three separate locations, by two researchers that worked both together and independently, by conducting interviews and focus groups, therefore employing data, environmental and researcher triangulation practices.

The sole study that used a quantitative research design to measure the effects of mentoring was the Elswick and colleagues (2021) publication. This research design quantified the assessment of its positive impact on the participants ability to regulate emotions and trauma symptomatology. Both variables were measured using validated, preexisting psychometric tools, namely the Child PTSD Symptom Scale (CPSS) and the Subjective Units of Distress Scales (SUDS) or "Feelings Thermometer" respectively. This quantitative approach gave the researchers a clear indication of the progress of the participants, as they were assessed through the course of the intervention, as well as a tangible representation on the aspects of their experience it affected. However, this approach also leaves many areas of potential impact unexplored, due to the limited scope of the variables measured, that depict only a small part of the mentoring experience, through the prism of tangible symptomatology outcomes. It does not explore mentoring effects on other areas that qualitative studies did, such as creating relationships, network building, perception, and identity shifts, which may have broader, secondary positive effects on wellbeing. Furthermore, the use of a measure for posttraumatic measures assumes that participants, and refugee background populations in general, present a pathological symptomatology. This presumption might be problematic, both in the sense that it might not always apply to people going through hardship, and it generally does not shed light on the personal strengths they might develop naturally in the process of overcoming those hardships. This is in fact a common trend in research and intervention programs about refugee populations, that might create a skewed and stigmatizing representation of them (i.e., PTSD) (Obradovic et al., 2013).

Impact of the interventions on setting and local communities: perceptions and integration

In some cases, the research programs explored the impact of the assessed interventions on the local populations or on the settings where they took place. For instance, Trauma Healing Club intervention's participants reported that after the intervention, people in their environment, such as teachers and student peers, seemed more supportive of their participation in the program (Elswick et al., 2021). The Bridging Distances intervention does not specifically give accounts of changes in the stances of the local populations. However, the mentors did act as cultural ambassadors, introducing their mentees to tools and information, to help their smooth integration into Finnish society (Valtonen, 2014). Similarly, Raithelhuber's (2019) participants learned the local language

and were helped along in their contact with the local populations. In Messiou's (2018) intervention, student mentees seemed not only to improve academically, but as a result to alleviate some of the burden from teachers in the school. The mentors were easier for them to access than teachers, and there was a general sense that the received help made the entire system a bit more functional. In Vickers' (2017) research, mentors challenged stereotypes and changed their perceptions of refugee background students. This was not contained to their relationships with their mentees, but they also reported that they would be more likely to pursue and sustain relationships with people different than themselves. However, it should be noted that for the most part this data refers to personal accounts of the participants about how they understand their own improved abilities after the interventions, and less so on actual observation or measurement of their interactions with local populations.

Discussion

Refugees have to overcome many stressors and cope with many adversities simultaneously: the memories of the experiences they had back in their countries, the difficulties of their journey and the challenges in the hosting country (Carswell et al., 2011). Adolescent refugees are in an even more challenging position, since they also have to cope with other developmental issues regarding adolescence (Lustig et al., 2003). Although there are many mental health services provided to this population, there is still a high number of refugee adolescents and young people, especially single men, that are not prone to accept the services and they are facing symptoms of distress (Zetter et al., 2006). Given this barrier, research has focused on group therapy and community interventions for refugee populations, since these forms of

interventions are closer to their collective cultural values and can help them address their common experiences and their social identity (Bass et al., 2013; Im & Rosenberg, 2016; Kira et al., 2011).

Peer support and peer mentoring have been considered as an effective kind of complimentary support for adult refugees in decreasing feelings of isolation, building community networks, empowering the community, and increasing participants' resilience (Block et al., 2018; Paloma et al., 2020). Despite many attempts to implement peer support and peer mentoring models in adult refugee populations, there are no well-known similar studies for adolescent and young refugees. Because of this gap in literature and because of the possible benefits that peer support interventions may have in adolescent refugees, this literature review focused on the specific subject.

Research gaps and proposals

It is clear from the small amount of research included in this review, that the topic of peer mentoring for adolescent refugee populations remains largely unexplored. Four of the five studies included used qualitative research designs. All of them discovered positive effects of the mentoring interventions. However, the amount of research, both qualitative and quantitative, that has been conducted on the topic is very limited. At the same time, differences in the demographic characteristics, research designs and most importantly types of mentoring interventions do not allow us to draw any concrete conclusions, although they do offer encouraging indications about interventions employing a mentoring model in general (Messiou, 2018; Raithelhuber, 2019; Valtonen, 2014). Therefore, there needs to be further research on the issue, and better quantification of results. Measured constructs need to be clearly

conceptualized and possibly be assessed by existing, validated psychometric tools, so they can also be comparable with previous peer mentoring research on other populations (adult refugees, non-refugee populations). Along with this, there need to be longitudinal studies. Refugee populations and especially children and adolescents on the move are often at risk of sudden relocation and have little control over their lives (Zetter et al., 2006). In such conditions, follow-up research becomes very difficult, but also very valuable, as it is important to discover to what extent benefits from peer mentoring interventions might persist through the passage of time and further hardships. Finally, refugee children are accommodated at various places, depending on what part of their journey they are at. These settings need to be evaluated in terms of the suitability and effectiveness of peer mentoring intervention in their unique conditions, such as for example the conditions in a refugee camp, or RIC (Reception and Identification). It is worth noting that none of the research was conducted in a camp or Reception and identification center and even thought this review was conducted with focus on young refugees, the specific immigration status of the participants (e.g., refugee or immigrant) was not disclosed in many cases.

Despite the aforementioned difficulties and limitations, there are some initial indications that peer-support and peer-mentoring models are effective for refugee adolescent populations. Specifically, it was determined that through these interventions, PTSD and distress symptoms are reduced (Elswick et al., 2021), social support is enhanced, new relationships are pursued and sustained (Messiou & Azaola, 2018) and guidance through practical difficulties is consistently achieved (Raithelhuber, 2021). Nevertheless, for these results to be verified, further research and use of complementary research techniques is required.

References

Andrews, J., & Clark, R. (2011). *Peer mentoring works!*. Engineering Education Research Group Aston University.

Antony, W.A. (2002). Recovery from mental illness: the guiding vision of the mental ' health service system in the 1990s. In: Van Weeghel (Ed.) *Community care and psychiatric rehabilitation* (77-84). Hilversum: GIP.

Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal, 16*(4), 11–23. https://doi.org/10.1037/h0095655

Badali, J. J., Grande, S., & Mardikian, K. (2017). From Passive Recipient to Community Advocate: Reflections on Peer-Based Resettlement Programs for Arabic-Speaking Refugees in Canada. *Global Journal of Community Psychology Practice*, *8*(2), 1-31.

Bass, J. K., Annan, J., McIvor Murray, S., Kaysen, D., Griffiths, S., Cetinoglu, T., & ... Bolton, P. A. (2013). Controlled trial of psychotherapy for Congolese survivors of sexual violence. *New England Journal of Medicine*, *368*(23), 2182-2191. https://doi.org/10.1056/NEJMoa121185333

Berg, R.C., Page, S., & Øgård-Repål, A. (2021). The effectiveness of peer-support for people living with HIV: A systematic review and meta-analysis. *PLoS ONE, 16*(6). https://doi.org/10.1371/journal.pone.0252623

Block, A. M., Aizenman, L., Saad, A., Harrison, S., Sloan, A., Vecchio, S., & Wilson, V. (2018). Peer support groups: Evaluating a culturally grounded, strengths-based approach for work with refugees. *Advances in Social Work*, *18*(3), 930-948. https://doi.org/10.18060/21634

Boisvert, R. A., Martin, L. M., Grosek, M., & Clarie, A. J. (2008). Effectiveness of a peer-support community in addiction recovery: participation as intervention. *Occupational therapy international, 15*(4), 205-220.

Borraccino, A., Berchialla, P., Dalmasso, P., Sciannameo, V., Vieno, A., Lazzeri, G., Charrier, L., & Lemma, P. (2020). Connectedness as a protective factor in immigrant youth: Results from the health behaviours in school-aged children (HBSC) Italian study. *International Journal of Public Health*, *65*(3), 303-312. https://doi.org/10.1007/s00038-020-01355-w

Bracke, P., Christiaens, W., & Verhaeghe, M. (2008). Self-esteem, self-efficacy, and the balance of peer support among persons with chronic mental health problems. *Journal of Applied Social Psychology*, *38*(2), 436-459. https://doi.org/10.1111/j.1559-1816.2008.00312.x

Carswell, K., Blackburn, P., & Barker, C. (2011). The relationship between trauma, post-migration problems and the psychological well-being of refugees and asylum seekers. *International Journal of Social Psychiatry*, *57*(2), 107-119. https://doi.org/10.1177/0020764009105699

Chinman, M., Young, A. S., Hassell, J., & Davidson, L. (2006). Toward the implementation of mental health consumer provider services. *The Journal of Behavioral Health Services & Research*, *33*(2), 176-195. https://doi.org/10.1007/s11414-006-9009-3

Clarke, G., Herinckx, H., Kinney, R., Paulson, R., Cutler, D., & Oxman, E. (2000). Psychiatric hospitalizations, arrests, emergency room visits, and homelessness of clients with serious and persistent mental illness: Findings from a randomised trial of two ACT programs vs. usual care. *Mental Health Services Research, 2*, 155–164.

Coatsworth-Puspoky, R., Forchuk, C., & Ward-Griffin, C. (2006). Peer support relationships: An unexplored interpersonal process in mental health. *Journal of Psychiatric and Mental Health Nursing*, *13*(5), 490-497. https://doi.org/10.1111/j.1365-2850.2006.00970.x

Cole, A., & Blythe, B. (2010). Mentoring as an alternative to therapy for immigrant and refugee youth. *Revista de Asistenta Sociala*, *9*, 149-156.

Christensen, E. R., Golden, S. L., & Gesell, S. B. (2019). Perceived benefits of peer support groups for stroke survivors and caregivers in rural North Carolina. *North Carolina Medical Journal*, *80*(3), 143-148. https://doi.org/10.18043/ncm.80.3.143

Deegan, P. E. (2009). Recovery: The lived experience of rehabilitation. *Mental Health Still Matters*, 58-65. https://doi.org/10.1007/978-1-349-92322-9_9

Elswick, S., Washington, G., Mangrum-Apple, H., Peterson, C., Barnes, E., Pirkey, P., & Watson, J. (2021). Trauma healing club: Utilizing culturally responsive processes in the implementation of an after-school group intervention to address trauma among African refugees. *Journal of Child & Adolescent Trauma*. https://doi.org/10.1007/s40653-021-00387-5

Fisk, D., Rowe, M., Brooks, R., & Gildersleeve, D. (2000). Integrating consumer staff members into a homeless outreach project: Critical issues and strategies. *Psychiatric Rehabilitation Journal*, *23*(3), 244-252. https://doi.org/10.1037/h0095161

Foa, E. B., Treadwell, K., Johnson, K., & Feeny, N. (2001). Child PTSD symptom scale (CPSS): Validation of a measure for children with PTSD. *Journal of Clinical Child Psychology, 30*, 376–384.

Hartwig, K. A., & Mason, M. (2016). Community gardens for refugee and immigrant communities as a means of health promotion. *Journal of Community Health*, *41*(6), 1153-1159. https://doi.org/10.1007/s10900-016-0195-5

Hess, J. M., Isakson, B., Githinji, A., Roche, N., Vadnais, K., Parker, D. P., & Goodkind, J. R. (2014). Reducing mental health disparities through transformative learning: A social change model with refugees and students. *Psychological Services*, *11*(3), 347-356. https://doi.org/10.1037/a0035334

Hutchinson, D. S., Anthony, W. A., Ashcraft, L., Johnson, E., Dunn, E. C., Lyass, A., & Rogers, E. S. (2006). The personal and vocational impact of training and employing people with psychiatric disabilities as providers. *Psychiatric Rehabilitation Journal*, *29*(3), 205-213. https://doi.org/10.2975/29.2006.205.213

Im, H., & Rosenberg, R. (2016). Building social capital through a peer-led community health workshop: A pilot with the Bhutanese refugee community. *Journal of Community Health*, *41*(3), 509-517. https://doi.org/10.1007/s10900-015-0124-z

Im, H. (2018).Constructing health capital in ecological systems: A qualitative evaluation of community-based health workshops in the refugee community. *Health & Social CareF in the Community*, *26*(4), e541-e551. https://doi.org/10.1111/hsc.12568

Jacob, K.S. (2015). Recovery model of mental illness: a complementary approach to psychiatric care. *Indian journal of psychological medicine, 37*(2), 117–119. https://doi.org/10.4103/0253-7176.155605

Kaslow, F. W. (2014). Intervening with immigrant families: An integrative systems perspective. *Journal of Family Psychotherapy*, *25*(2), 177-191. https://doi.org/10.1080/08975353.2014.910031

Kira, I. A., Ahmed, A., Wasim, F., Mahmoud, V., Colrain, J., & Rai, D. (2012). Group therapy for refugees and torture survivors: Treatment model innovations. *International Journal of Group Psychotherapy*, *62*(1), 69-88. https://doi.org/10.1521/ijgp.2012.62.1.69

Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., ... & Saxe, G. N. (2004). Review of child and adolescent refugee mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, *43*(1), 24-36. https://doi.org/10.1097/00004583-200401000-00012

McCormack, L., & Katalinic, N. (2016). Learning to heal from those who know! The "lived" experience of a peer support program for adult survivors of childhood trauma. *Journal of Aggression, Maltreatment & Trauma, 25*(10), 1021-1042.

Mead, S., & MacNeil, C. (2006). Peer support: What makes it unique. *International Journal of Psychosocial Rehabilitation*, *10*(2), 29-37.

Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, *25*(2), 134-141. https://doi.org/10.1037/h0095032

Messiou, K., & Azaola, M. C. (2017). A peer-mentoring scheme for immigrant students in English secondary schools: A support mechanism for promoting inclusion? *International Journal of Inclusive Education*, *22*(2), 142-157. https://doi.org/10.1080/13603116.2017.1362047

Obradovic, J., Tirado-Strayer, N., & Leu, J. (2013). The importance of family and friend relationships for the mental health of Asian immigrant young adults and their nonimmigrant peers. *Research in Human Development*, *10*(2), 163-183. https://doi.org/10.1080/15427609.2013.78655933

Ochocka, J., Nelson, G., Janzen, R., & Trainor, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part 3—A qualitative study of impacts of participation on new members. *Journal of Community Psychology*, *34*(3), 273-283. https://doi.org/10.1002/jcop.20099

Patton, M. Q. (1990). *Qualitative evaluation and research methods*. SAGE Publications, Inc.

Raithelhuber, E. (2019). 'If we want, they help us in any way': How 'unaccompanied refugee minors' experience mentoring relationships. *European Journal of Social Work*, *24*(2), 251-266. https://doi.org/10.1080/13691457.2019.1606787

Ratzlaff, S., McDiarmid, D., Marty, D., & Rapp, C. (2006). The Kansas consumer as provider program: Measuring the effects of a supported education initiative. *Psychiatric Rehabilitation Journal*, *29*(3), 174-182. https://doi.org/10.2975/29.2006.174.182

Resnick, S. G., & Rosenheck, R. A. (2008). Integrating peer-provided services: A quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services*, *59*(11), 1307-1314. https://doi.org/10.1176/ps.2008.59.11.1307

Shaw, S. A. (2014). Bridge Builders: A Qualitative Study Exploring the Experience of Former Refugees Working as Caseworkers in the United States. *Journal of Social Service Research, 40*(3), 284-296. https://doi.org/10.1080/01488376.2014.901276

Sokol, R., & Fisher, E. (2016). Peer support for the hardly reached: A systematic review. *American Journal of Public Health*, *106*(7), e1-e8. https://doi.org/10.2105/ajph.2016.303180

Solomon, P. (2004). Peer support/Peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal*, *27*(4), 392-401. https://doi.org/10.2975/27.2004.392.401

Stewart, M., Simich, L., Shizha, E., Makumbe, K., & Makwarimba, E. (2012). Supporting African refugees in Canada: Insights from a support intervention. *Health & Social Care in the Community*, *20*(5), 516-527. https://doi.org/10.1111/j.1365-2524.2012.01069.x

Stylianidis S, Chondros P, Lavdas M. Critical approach of an empowerment and recovery process: A case study from Greece. In Soldatos C., Ruiz P., Dikeos D., & Riba M. (Eds), WPA 2014 *Pluralism in Psychiatry: I. Diverse Approaches and Converging Goals*. Bologna, Italy: MEDIMOND; (2014). pp. 229–35.

UNHCR (2017). *Community-based protection & mental health & psychosocial support.* Switzerland: United Nations High Commissioner for Refugees. Retrieved from https://www.refworld.org/docid/593ab6add.html

UNHCR (n.d.), *Asylum Seekers*, Unhcr.org. Retrieved September 15, 2021, from https://www.unhcr.org/pages/49c3646c137.html

United Nations High Commissioner for Refugees. (2010). *Convention and protocol relating to the status of refugees.* Retrieved from http://www.unhcr.org/protect/PROTECTION/3b66c2aa10.pdf

Valtonen, L. N. (2014). *Bridging Distances Peer Support for Unaccompanied Minor Asylum Seeker* [Unpublished master's thesis]. University of Helsinki.

Vickers, M., McCarthy, F., & Zammit, K. (2017). Peer mentoring and intercultural understanding: Support for refugee-background and immigrant students beginning university study. *International Journal of Intercultural Relations*, *60*, 198-209. https://doi.org/10.1016/j.ijintrel.2017.04.015

Wald, J., Taylor, S., Asmundson, G. J., Jang, K. L., Stapleton, J., & Vancouver, B. C. (2006). *Literature review of concepts: Psychological resiliency*.

Wells, R., Steel, Z., Abo-Hilal, M., Hassan, A. H., & Lawsin, C. (2016). Psychosocial concerns reported by Syrian refugees living in Jordan: Systematic review of unpublished needs assessments. *British Journal of Psychiatry*, *209*(2), 99-106. https://doi.org/10.1192/bjp.bp.115.165084

Witt, J. C., & Martens, B. K. (1983). Assessing the acceptability of behavioral interventions used in classrooms. *Psychology in the Schools*, *20*(4), 510-517. https://doi.org/10.1002/1520-6807(198310)20:4<510::aid-pits2310200420>3.0.co;2-1

Wolpe, J. (1969). *The practice of behavior therapy*. Pergamon press.

Yaskowich, K. M., & Stam, H. J. (2003). Cancer narratives and the cancer support group. *Journal of Health Psychology*, *8*(6), 720-737.

Zetter, R., Griffiths, D., Sigona, O., Flynn, D., Pasha, T., & Beynon, R. (2006). Immigration, social cohesion and social capital: What are the Links?, Joseph Rowntree Foundation. In S. Zimmermann & R. Zetter (Eds.), *Reconsidering the Role of Conflict in the Lives of Refugees: The Case of Somalis in Europe. MICROCON Research Working Paper*.