The impact of peer mentoring on students' physical activity and mental health

Abstract

A peer mentoring scheme was implemented in a secondary school using a physical activity intervention to improve mental health outcomes of students who were at risk of developing mental ill health. These students are referred to as mentees. The evaluation was a qualitative design using focus groups and semi-structured interviews. The participants reported an increase in physical activity in both peer mentors and mentees.. By the end of the project many of the mentees recognised that they had increased their levels of physical activity, they were more aware of the benefits of physical activity and the relationship between physical activity and their mental health. In addition, mentees reported feeling more confident and were more confident in forming social relationships. Peer mentors reported developing many leadership skills during the project. These included improved communication, confidence, empathy for others, relationship building and improved self-awareness.

Introduction

There is evidence that links declining physical and emotional wellbeing of young people with an increasing tendency for the development of mental health issues (MHF, 2016). This is particularly so when facing the increased burden of exam-related stress and anxiety, the prospect of paid employment or further education and the expectations placed on young people by parents and schools. Physical activity (PA) and good mental health are therefore interlinked, as are higher levels of academic achievement and overall wellbeing.

It is currently estimated that 10% of children in England aged 5-16 have a clinically diagnosable mental health problem, (MHF, 2016). The World Health Organisation (2014) defines mental health as:

> *...a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*

The project adopted this definition of mental health by focusing on the role of physical activity in improving mental and social well-being through the use of peer mentors.

This article summarises the literature on PA and mental health and presents some key literature which examines the role of peer mentoring in improving mental health in young people. Following this, a school-based intervention which combined physical activity with peer mentoring is described and the outcomes of the intervention are reported.

Literature

Arguably, addressing mental health in isolation from other aspects of wellbeing is at best limited. A more effective approach is to combine PA with good mental health and wellbeing practices. Both the physical and mental benefits of engaging in PA for adults as well as children and young people, are well documented and widely and internationally accepted (Chekroud et al., 2018; McMahon et al., 2017).

The link between PA and wellbeing has long been established in many countries. For example, Chen (2005) found that Japanese children were more likely to possess higher health-related quality of life (HRQOL) or what we might also term wellbeing. More recently, Breslin et al., (2016) who explored connections between moderate to vigorous intensity physical exercise (MVPA) and the wellbeing of 673 children aged 8 and 9 in Ireland from socially disadvantaged backgrounds, found:

Children who met the MVPA guidelines had higher wellbeing scores than those children who did not. Specifically, every dimension of wellbeing was significantly associated with MVPA; physical wellbeing, psychological wellbeing, parent relations and autonomy, social support and school environment. (Breslin et al., 2016: 12)

Further, McMahon et al., (2017: 120) in their study looking at European adolescence and PA concluded '…that moderately increasing activity in inactive adolescents could result in a meaningful improvement in well-being.' Much of the recent work in this area highlights the benefits of PA on children's wellbeing (Vella et al., 2016 and Tyler et al., 2016).

Peer mentoring and mental health

Peer support is neither a new concept nor is it specific to the United Kingdom (UK). It was first employed in the United States in the 1970s, and it has been used in countries such as Canada and Australia since the 1980s. Peer support is now used widely in several countries across the world, including the UK, Italy, Spain, Finland, Japan, New Zealand, Saudi Arabia, Norway, the Netherlands and South Africa (Coleman et al., 2017). Research on its effectiveness is inconclusive, largely because a wide range of models exist, which are operationalised differently, and programmes are established to measure a variety of outcomes (Coleman et al., 2017). Programmes of peer support can range from one-to-one, group and online support. Whilst the evidence on the effectiveness of peer-mentoring schemes is largely inconclusive (Weare and Nind, 2011), research on the use of peer mentoring in PA demonstrates that it can improve outcomes (Smith and Petosa, 2016).

Structured peer mentoring programmes focus on skill-building across several sessions (Karcher and Hansen, 2014). Sessions are typically led by older peers who have demonstrated positive character traits such as: strong interpersonal skills; strength of character; empathy of others; the ability to be supportive and flexible; and to demonstrate a commitment to projects and people (Karcher, 2012). Peer mentors must be able to establish friendships, have good communication skills, strong listening skills and good problem-solving skills (Karcher, 2012). Structured peer mentoring provides mentees with opportunities to interact with others outside their immediate peer group (Smith and Petosa, 2016). It has been argued that:

For adolescents lacking exercise self-efficacy, the social support, guidance, and role modelling provided through structured peer mentoring and the broader friendship social networks resulting from mentoring groups strengthens their personal beliefs about their own capacity to begin and ultimately sustain daily physical activity and exercise.

(Smith and Petosa, 2016, p.316)

Evidence suggests that while peer-mentoring programmes have been implemented to strengthen interpersonal connectedness between young people, their friends, and schools (Karcher, 2012), peer mentoring programmes are more effective when the mentors are not drawn from their immediate friendship group. It has been emphasised that peer mentors should be at least two years older than their assigned mentee; this age gap is important for maintaining boundaries in the relationship (Karcher, 2012).

According to Smith and Petosa (2016:316):

Peer mentors provide personal support and guidance to these overcoming environmental, social, and psychological barriers, leading to improved adherence to physical activity and increased peer resources to sustain physical activity … Through structured peer mentoring, physical activity behaviour as a social norm is strengthened by connectedness with others who care about being physically active.

Literature suggests that peer mentoring is an effective tool to increase PA in young people. Studies have found that the use of trained peer mentors leads to increased PA and improved health outcomes

in mentees, compared to teacher-led sessions (Smith, 2011; Smith and Holloman, 2013). In the study conducted by Smith and Holloman (2013), a randomised control trial was conducted which compared the effectiveness of peer-led sessions compared with teacher-led sessions. The peer-led group increased their PA behaviours, compared the teacher-led group, which resulted in no improved behavioural or health outcomes. Research has also demonstrated that peer mentoring improves both attitudes and self-efficacy towards PA (Smith, 2011).

Research also suggests that there are several key characteristics of effective peer support programmes, specifically those which focus on mental health and well-being. Firstly, commitment from the senior leadership team is essential (Houlston and Smith, 2009) to the success of programmes. Thus, where senior school leaders demonstrate a strategic commitment to improving mental health outcomes for young people, programmes are more likely to be effective. Secondly, the programme needs to be led and managed by a dedicated member of staff (James, 2011), who can monitor the quality of the programme, ensure that it is running smoothly and provide support to the peer mentors as well as the mentees. However, Cowie and Wallace (2000) and Smith and Watson (2004) have also highlighted that it is a risk for a scheme to rely on a single coordinator. Thirdly, peer-mentoring programmes are more likely to be effective if they are integrated into other school activities rather than being implemented separately (Weare, 2015). Finally, effective marketing of the scheme and celebration events for participants which include rewards can give the scheme status and overcome stigma (MBF, 2011).

Other aspects which make programmes effective have also been identified in the literature. The importance of investing funding into the scheme has been noted (Cowie and Wallace, 2000). Additionally, the benefits of developing schemes which have been co-produced with young people have been highlighted by Houlston and Smith (2009). The importance of monitoring and evaluating peer mentoring schemes has also been emphasised by Parsons et al., (2008) to support continual improvement of the scheme. In addition to providing structured training for peer mentors (Cowie and Hutson, 2005), it is important for scheme organisers to ensure that support is offered to peer mentors throughout the duration of programmes (James, 2011).

Methodology

A peer mentoring scheme was implemented across secondary schools nationally in England during 2017-18. Peer Mentors were selected to lead small groups of younger peers (mentees) through engaging them in PA. They were required to complete a training session with an athlete coach. The peer mentors were recruited to the project based on their maturity and/or their experiences of mental ill health. The mentees were selected to participate in this intervention because they had been identified as having mental health needs. The evaluation adopted a qualitative design and data were gathered using focus groups with mentors and mentees and semi-structured interviews with teachers who led the intervention. Data were collected over a six-month period between February and July 2018.

Participants

A total of 1,067 young people participated in the intervention; 346 peer mentors and 721 mentees. Peer mentors were more likely to be girls than boys (57% compared to 43%). 22% of peer mentors were also from Black, Asian and Minority Ethnic (BAME) groups. The peer mentors were aged between 15-18. The mentees were twice as likely than the peer mentors to have special educational needs and/or disabilities (44% compared to 22%). The mentees were aged between 12-14. In total 29 secondary schools from across England took part in the project. Some ran the project in the spring term, some in the summer term and some (at least three schools) ran it in both terms with two sets of young people.

Qualitative data collection

Qualitative data were primarily collected from nine case study schools. Each school received two visits from a member of the evaluation team, one near the start of the project and one near the end. Each visit included interviews with peer mentors, mentees and the Wellbeing Champion. The case study schools were selected for geographical convenience; three were located in the East Midlands, three in the North East and three in the North West. Two focus groups were conducted in each school; one with the peer mentors and one with the mentees. In addition, the teacher who was responsible for leading the project was interviewed using a semi-structured interview. Interview schedules are shown in appendix 1. The focus groups and individual interviews are digitally recorded and transcribed. The transcripts were coded to identify key themes. Interviews were transcribed and analysed to identify key themes.

Research questions

The evaluation sought to ascertain:

- What was the impact of the intervention on the mentees?
- What were the benefits (if any) to peer mentors?

Contribution

Whilst studies have examined the relationship between physical activity and mental health and separate studies have examined the role of peer mentoring in mental health, this study combines the two by examining the role of peer mentoring in physical activity to support young people with mental ill health.

Results

The data indicate that the intervention had positive effects on both the mentees and the mentors. Mentors identified how it had led to increased confidence and the development of leadership skills and mentees reported increased social confidence. The themes resulting from the analysis are presented below.

Leadership

The evidence suggests that for the majority of peer mentors taking part, the project had led to the development of leadership skills. Qualitative data from the focus groups revealed a range of benefits to peer mentors, including improved social confidence, empathy and the development of leadership skills:

> *"It has helped me to talk to people more because I was not good at talking to people. I was not very good at talking to people at home this has helped to improve my confidence."* (Peer Mentor)

> *"This is an amazing project to take part in that should be run across multiple year groups. It has not only helped me to develop my mentoring and leadership skills but has helped different year groups to integrate and connect in a positive way."* (Peer Mentor)

> *"When I see their achievements, it gives me a bit of a buzz. I enjoy watching my group succeed."* (Peer Mentor)

> *"I am enjoying being a coach. I have become better at making sure they follow my instructions by demonstrating a task and giving them clear instructions."* (Peer Mentor)

Qualitative data from the interviews demonstrated that mentees had understood the role of physical activity in managing and supporting their own mental health:

> *I feel so much better after doing physical activity that I have started to do a lot more of it. I enjoy it now a lot more than before the project. Sometimes, now when I feel sad I go for a walk or I go out on my bike and I feel a lot better. Before I just used to sit in my room and continue being sad."* (Mentee)

> *I have realised that doing physical activity makes me happier. It lifts my mood. In the last few weeks since I have done this project I have started to do a lot more physical activity and I am happier. It stops me feeling stressed and worried.* (Mentee)

> *Physical activity can make you feel better. If you feel bad about your body because you are fat, then you can do some physical activity, and this will make you feel better about your body.* (Mentee)

> *When you are feeling lonely sport is good because you have to mix with other people and work as part of a team.* (Mentee)

Confidence

It was evident through the focus groups with mentors and the semi structured interviews with lead teachers that confidence was one attribute that the intervention helped to develop in mentors and mentees. For mentors, they gained confidence in planning and organising activities, building relationships with others and managing behaviour. The mentors felt that they would benefit from this improved confidence in the future. The mentees felt more confident to try new activities and talk about their feelings with their mentors.

> *I have seen them all grow in confidence and it is lovely to see this. The mentors are now developing the confidence to use their own initiative. The mentees are more confident to try out activities and are more willing to take risks.* (Lead Teacher)

> *I intend to train to become a teacher. I am now confident in planning activities and managing behaviour and this has made me feel more confident about going to university for a teacher training interview.* (Peer Mentor)

Mood

The interviews and focus groups with the mentees and lead teachers demonstrated that the mentees felt happier as a result of the intervention and they had a better awareness of how to influence their own mood. Some talked about how their own self-concept had improved as a result of their participation:

> *If I'm feeling sad, I now just go for a run or a walk. I sometimes play my music to take my mind off things but I don't just sit there feeling sorry for myself.* (Mentee)

> *I used to feel sorry for myself a lot but now I know that I can achieve something. I am really pleased with myself and I know that I can be good at sport* now. (Mentee)

> *I have seen a big difference in the mood of some of these mentors. They are generally happier around school and because of this their behaviour has improved and they are not getting into trouble.* (Lead Teacher)

Relationships

The interviews and focus groups with the mentees and lead teachers indicated that they had become better at forming relationships as a result of the intervention:

> *I have enjoyed being mentored by someone who is just a bit older than me. I have made new friends. Now I know loads of people but before I hardly knew anyone.* (Mentee)

> *The mentees have really bonded with their group. They have developed friendships with people who they didn't know and some of them meet together outside of lessons and even after school.* (Lead Teacher)

Facilitators

The lead teachers commented on the importance of the project being properly led and managed in the school and the necessity to gain 'buy-in' from other members of staff:

> *This project has worked so well because I have been released from teaching. This has enabled me to plan and coordinate the project properly and to make sure that training sessions and meetings take place.* (Lead Teacher)

Some of the peer mentors also highlighted the importance of whole-school 'buy-in' to the project:

> *We missed a few classes to attend training but luckily the teachers went through the work we had missed at another time so we didn't get behind.* (Peer Mentor)

Challenges

The lead teachers identified several challenges which impacted on the project:

- Finding a mutually convenient time for peer mentors to meet to plan activities was challenging
- Delay in starting because the funding did not come through
- Teachers being reluctant to release peer mentors and mentees from timetabled classes
- The need for continued mentor training not being accounted for

Discussion

The findings were consistent with the literature in that in schools which prioritised the scheme as part of whole school improvement the scheme was more successful. Where the senior leadership team was invested in the programme this resulted in the programme being more successful (Houlston and Smith, 2009). Where programmes were effectively led and managed by a dedicated member of staff who was able to monitor the quality of the programme, ensure that it was running smoothly and provide support to the peer mentors as well as the mentees, programmes were more effective (James, 2011). The training of the peer mentors was critical to the quality of the scheme and this resulted in increased PA and improved health outcomes in mentees (Smith, 2011; Smith and Holloman, 2013). The mentees in particular demonstrated improved attitudes and self-efficacy towards PA (Smith, 2011).

The project led to several benefits for peer mentors and mentees. The mentors developed leadership skills as a result of the autonomy they were given for planning and organising activities. However, initially, they needed greater support from the lead teacher to assist them in completing their role. Once they had gained confidence the support was gradually withdrawn to provide them with greater ownership of their work. It was clear that the peer mentors were responsible, highly committed and

conscientious. This has implications for the criteria which schools establish for recruiting peer mentors. It was also evident that some peer mentors experienced a change of identity. By the end of the project, some clearly saw themselves as future leaders within the children and young people's workforce. Whilst this project did not specifically explore identity development subsequent research could explore this aspect.

The mentees valued the project. They gained confidence, particularly in relation to forming social relationships. Their self-worth also improved. They enjoyed being mentored by a peer who was similar in age and they formed social networks which operated beyond the scope and remit of the project.

Conclusion

The evaluation found evidence that the project did address inactivity, especially in the mentees who demonstrated increased levels of physical activity. The evaluation also provided some evidence that the project provided a safe environment where mentees could share their personal concerns and access valuable support in terms of mental health. Indeed, one of the main benefits of the project was reported to be the relationships that mentees and mentors established as a direct result of the project, especially with those they would not normally come in contact with. Further, there was evidence that some of these relationships would continue beyond the project. Mentees developed improved social confidence and were generally more positive after completing the intervention. Mentors developed leadership skills and greater empathy for their peers.

There are implications for schools wishing to replicate this project. Firstly, it is crucial that clear criteria are established by the school for recruiting peer mentors. They need to be able to demonstrate a good level of commitment and maturity. Secondly, training for peer mentors is essential so that they know how to establish relationships with mentees and how to manage their behaviour, how to deal with disclosures and when to refer cases to a teacher. They also need training in planning sessions and a bank of ideas for developing activities. Thirdly, the role of the lead teacher is critical to ensure that the project is properly led and managed. Additionally, a whole-school commitment to the intervention is essential to ensure that teachers are willing to release young people from classes to attend training sessions. For this reason, the intervention is best conducted with young people who are not taking high-stakes examinations.

References

Active Healthy Kids Global Alliance https://www.activehealthykids.org/ [accessed 12.06.18].

BBC (14th May 2018) Sharp rise under-11s referred for mental health help, by Hannah Richardson, http://www.bbc.co.uk/news/education-44083625 [accessed 16.06.18].

Breslin, G., Fitzpatrick, B., Brennan, D., Shannon, S., Rafferty, R., O'Brien, W., Belton, S., Chambers, F., Haughey, T., McCullagh, D., Gormley, R., & Hanna, D. (2016) Physical activity and wellbeing of 8-9 year old children from social disadvantage: An all-Ireland approach to health, Mental Health and Physical Activity, 13 9-14.

Chekroud, S.R., Gueorguieva, R., Zheutlin, A. B., Paulus, M., Krumholz, H.M., Krystal, J. H.,

Chekroud, A.M. (2018), Association between physical exercise and mental health in 1·2 million individuals in the USA between 2011 and 2015: a cross-sectional study, The Lancet Psychiatry, 5(9):739-746.

Chen X, Sekine M, Hamanishi S, Wang H, Gaina A, Yamagami T, Kagamimori S. (2005) Lifestyles and health-related quality of life in Japanese school children: a cross-sectional study. Prev Med 2005; 40(6): 668–78. doi:10.1016/j.ypmed.2004.09.034.

Coleman, N., Sykes, W., and Groom, C. (2017), Peer support and children and young people's mental health: Research review, Department for Education.

Cowie, H. and Wallace, P. (2000) Peer Support in Action. London: Sage.

DfE/DoH (December 2017) Transforming Children and Young People's Mental Health Provision: a Green Paper, Crown Copyright, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/6 64855/Transforming_children_and_young_people_s_mental_health_provision.pdf [accessed 11.06.18].

Houlston, C. and Smith, P. (2009), The impact of a peer counselling scheme in an all-girl secondary school, British Journal of Educational Psychology, 79, 69-86.

James, A. (2011), The use and impact of peer support schemes in schools in the UK, and a comparison with use in Japan and South Korea, Goldsmiths, University of London.

Karcher, M. J. (2012). The cross-age mentoring program for children with adolescent mentors: Program manual. San Antonio, TX: Developmental Press.

Karcher, M. J., and Hansen, K. (2014). Mentoring activities and interactions. In D. L. DuBois & M. J. Karcher (Eds.), Handbook of youth mentoring (pp. 63–82). Thousand Oaks, CA: Sage.

MBF (2011), Peer Mentoring in Schools: A review of the evidence base of the benefits of peer mentoring in schools including findings from the MBF Outcomes Measurement Programme, 2010, Mentoring and Befriending Foundation, Manchester.

McMahon, Elaine; Corcoran, Paul; O'Regan, Grace; Keeley, Helen; Cannon, Mary; Carli, Vladimir; Wasserman, Camilla; Hadlaczky, Gergö; Sarchiapone, Marco; Apter, Alan; Balazs, Judit; Balint, Maria; Bobes, Julio; Brunner, Romuald; Cozman, Doina; Haring, Christian; Iosue, Miriam; Kaess, Michael; Kahn, Jean-Pierre; Nemes, Bogdan; · Tina Podlogar, Vita Poštuvan, Pilar Sáiz, Merike Sisask, Alexandra Tubiana, Peeter Värnik, Christina W. Hoven and Danuta Wasserman (2017) Physical activity in European adolescents and associations with anxiety, depression and well-being, European Child & Adolescent Psychiatry, Jan2017; 26(1): 111-122.

McManus, S., Bebbington. P., Jenkins. R, & Brugha, T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.

Mental Health Foundation (MHF), (2016), Fundamental Facts About Mental Health 2016. Mental Health Foundation: London.

Mental Health Foundation (MHF), (2016). Poverty and mental health A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy, MHF.

Parsons, C., Maras, P., Knowles, C., Bradshaw, V., Hollingworth, K. and Monteiro, H. (2008), Formalised Peer Mentoring Pilot Evaluation, DCSF Research Report No DCSFRR033.

Smith, L. H. (2011). Piloting the use of teen mentors to promote a healthy diet and physical activity among children in Appalachia. Journal for Specialists in Paediatric Nursing, 16, 16–26.

Smith, L. H., & Holloman, C. (2013). Comparing the effects of teen mentors to adult teachers on child lifestyle behaviors and health outcomes in Appalachia. Journal of School Nursing, 29, 386–396.

Smith, P. and Watson, D. (2004). Evaluation of the CHIPS (ChildLine in Partnership with Schools) programme. DfES Research report RR570.

Smith, L.H., and Petosa, R.L. (2016), A Structured Peer-Mentoring Method for Physical Activity Behavior Change Among Adolescents, The Journal of School Nursing, 2016, Vol. 32(5) 315-323.

Thorley, C. (2017) Not by degrees: Improving student mental health in the UK's universities, IPPR, London.

Tyler, R., Mannello, M., Mattingley, R., Roberts, C., Sage, Robert., Taylor, S. R., Ward, M., Williams, S. & Stratton, G. (2016) Results From Wales' 2016 Report Card on Physical Activity for Children and Youth: Is Wales Turning the Tide on Children's Inactivity? Journal of Physical Activity and Health, 2016, 13 (Suppl 2), S330 -S336.

Vella, S. A., Schranz, N. K., Davernc, M., Hardy, L. L., Hills, A. P., Morgan, P. J., Plotnikoff, R. C. & Tomkinson, G. (2016) The contribution of organised sports to physical activity in Australia: Results and directions from the Active Healthy Kids Australia 2014 Report Card on physical activity for children and young people, Journal of Science and Medicine in Sport 19, 407–412.

Weare, K. (2015), What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document, London: National Children's Bureau.

Weare, K. and Nind, M. (2011), Mental health promotion and problem prevention in schools: what does the evidence say? Health Promotion International, 26 (1): pp29–69.

World Health Organisation (WHO), (2014), Mental Health: a state of well-being, http://www.who.int/features/factfiles/mental_health/en/ [accessed 08.08.18].

Appendix 1: Qualitative data collection tools

Post-project interview: Lead Teacher

1. What aspects of the project worked well?

2. What worked less well?

3. How effectively did the young people engage in physical activity?

4. What were the outcomes of the project?

   -on physical wellbeing? (how did the project influence levels of physical activity?)

   -on social wellbeing?

   -on mental wellbeing?

5. How will you ensure a sustainable commitment to using physical activity to prevent mental health problems?

6. How will you ensure that the school's commitment to physical activity is reflected in the school's culture and governance?

Post project Focus Group: Peer Mentors

1. What parts of the project worked well?

2. What worked less well?

3. How do you think physical activity affects someone's mental health?

4. How has the project changed the amount of physical activity that you do? (Explore

whether or not they very active before taking part in the project)

5. How do you think being part of the project has changed your own mental wellbeing?

6. What social skills have you gained from the project?

a. Explore their relationship with the nurture group and how this had/ or as not

developed and if it will continue.

7. What leadership skills have you gained?

8. Has the project improved your academic performance/ are you doing better at

school? How, Tell me about this.

9. What other skills have you gained from being part of the project that you will keep on using in the future?

10. How will you use your new skills?

11. What are your hopes for the future? (Explore: employment / modern apprenticeships / going to college / University…)

12. Do you think this project will improve your life in the future? Explore how.

13. What do you think makes a good peer mentor and why?

14. How should schools select peer mentors?

15. Would you take part in other mentoring projects and why?

Post-project Focus Group: Mentees

1. What parts of the project worked well?

2. What worked less well?

3. How do you think physical activity affects someone's mental health?

4. How has the project changed the amount of physical activity that you do? (Explore whether or not they very active before taking part in the project)

5. How do you think being part of the project has changed your own mental wellbeing?

6. What social skills have you gained from the project?

7. Has the project helped to improve your academic performance / school work? How? Tell me about this.

8. What skills have you developed/learnt from being part of the project that you will continue to use in the future?

9. Do you think this project will improve your life in the future? Explore how.

10. What do you think makes a good peer mentor and why?

11. Did you each get out of the project what you wanted / thought you would get?

12. What are your hopes for the future? (Explore employment / modern apprenticeships / going to college / University…)

Individual Interviews: Mentees

1. How do you feel about being on the project?

2. What did you enjoy most about being part of the project?

3. What did you find challenging or difficult about the project and what did you do about them?

4. How has the project changed your physical wellbeing?

5. On a scale of 1-10 (1= inactive, 10 = very active) how active were you before the project and how active are you now?

6. How has the project changed your skills in interacting with others?

7. How has the project change your mental wellbeing?

8. Do you think being part of the project has increased your confidence? Yes / No

9. What have you learnt from the project that you will keep on using in the future?

10. What are your hopes for future employment or study/ what job would you like to do?

11. Is there anything else you would like to say about the project?