Abstract

Peer mentoring is a popular type of school-based support. However, peer mentoring models can vary substantially and evidence for the efficacy of such support is mixed. 377 participants took part in 'More than Mentors', as either mentors or mentees, in select London-based secondary schools. Participants completed standardised measures to explore changes over time in their wellbeing, resilience, and mental health. A subsample also completed qualitative interviews about their experiences. Multi-level modelling analysis revealed that mentees experienced improvements in their overall mental health and mentors experienced improvements in their sense of participation in school and home life. Higher numbers of mentoring sessions attended also yielded positive effects. A thematic analysis highlighted the mechanisms behind impact, including for mentees, the importance of having someone to talk to, and for mentors, gaining new skills and knowledge. This study provides preliminary evidence for the positive impact of a peer mentoring intervention on select outcomes for mentors and mentees in a UK school setting.

Keywords:

Mixed Methods; Peer Mentoring; Adolescents; School Intervention; Prevention; Mental Health

A mixed methods evaluation of a peer mentoring intervention in a UK school setting: Perspectives from mentees and mentors

1. Introduction

Recent government policy in the UK has highlighted schools as key sites for the provision of early intervention around young people's mental health and wellbeing (Department of Health & Department for Education, 2017). Cross-age peer support schemes have been gaining increasing popularity within UK schools as a means of promoting positive outcomes in young people (Knowles & Parsons, 2009). Such schemes typically involve older students providing help for younger students who may be struggling academically, socially, or emotionally (James, Smith, & Radford, 2014). Peer supporters, as compared to adults, may be viewed as a more credible, approachable, and understanding source of help and guidance by young people (Baginsky, 2004).

Peer support schemes have been initiated by schools to address specific needs, such as to mitigate problems with bullying (e.g., Cowie, 1998; Cowie & Olafsson, 2000), to ease the transition into secondary school for new students (e.g., Brady, Canavan, Cassidy, Garrity, & O'Regan, 2012; Ellis, Marsh, & Craven, 2009), or to bolster pastoral care (James et al., 2014). Peer mentoring, befriending, or buddying are all examples of interventions that might be implemented within such schemes (Baginsky, 2004). Befriending and buddying involve peer supporters building friendships with young people who may be struggling with loneliness or social skills, whereas peer mentoring involves peer mentors building relationships with and becoming role models for mentees who are in need of support, advice, and guidance (Houlston, Smith, & Jessel, 2009). Examining the efficacy of different types of peer support interventions is an important task for researchers in this area (Ellis et al., 2009).

This study is an evaluation of one type of peer support intervention: a cross-age peer mentoring intervention delivered in eight secondary schools in England. From a national mapping exercise, Houlston et al. (2009) found that cross-age peer mentoring was the most common type of peer support intervention being implemented in UK secondary schools. However, findings on the efficacy of such interventions have been mixed, with a lack of routine use of standardised measures across studies, variation in mentoring programme models implemented, and a range of outcomes measured (Ellis et al., 2009; Karcher, Davidson, Rhodes, & Herrera, 2010). This can make it challenging to compare studies with each other and to pin down the essential ingredients of peer mentoring interventions (Karcher, 2007). Indeed, from a review of UK peer mentoring programmes, Busse, Campbell, and Kipling (2018) concluded that, to date, few robust evaluations have been conducted of individual programmes. Moreover, much of the research on the efficacy of peer mentoring thus far has taken place in the USA (Busse et al., 2018).

Evaluations of cross-age peer mentoring programmes in the USA have identified improvements in mentees' self-esteem and sense of connectedness to their school and parents (Karcher, 2005; Karcher, 2009). In a meta-analysis of 73 mentoring programmes in the USA (in which students were either mentored by adults or peers), DuBois, Portillo, Rhodes, Silverthorn, and Valentine (2011) found evidence for the effectiveness of such programmes in improving behavioural, social, emotional, and academic outcomes in young people. Yet, the authors also noted that young people's gains on outcome measures tended to be relatively modest (Dubois et al., 2011). Researchers have also examined factors that can moderate the impact of mentoring interventions on outcomes for mentees, including time of day of mentoring sessions (Schwartz, Rhodes, & Herrera, 2012), and mentors' programme attendance levels (Karcher, 2005).

Findings from UK studies have been mixed. A range of emotional, behavioural, relational, and academic outcomes have been assessed, which reflect the intended outcomes of the specific programmes evaluated in each study. Studies have reported significant improvements at post-intervention in such outcomes as mentees' levels of life satisfaction and self-esteem (Mentoring and Befriending Foundation; MBF, 2011), school satisfaction (Roach, 2014), and academic attainment (Knowles & Parsons, 2009), and mentors' levels of confidence (MBF, 2011), wellbeing (Panayiotou, Ville, Poole, Gill, & Humphrey, 2020), and academic attainment (Knowles & Parsons, 2009). However, studies have also found no impact or deterioration in outcomes at post-intervention. For example, Knowles and Parsons (2009) reported declines (though not significant) in mentees' levels of school identity, family identity, general self-worth and behaviour, and in mentors' levels of school identity and academic attendance. Moreover, two evaluations did not find any significant impact at post-intervention on mentees' wellbeing (Panayiotou et al., 2020; Tymms et al., 2016).

Yet, qualitative studies of peer mentoring interventions in the UK and beyond have found that mentees report multiple benefits from participating in such interventions, including improvements in their social skills, confidence, academic performance, and attitudes towards learning (Coyne-Foresi, 2015; Messiou & Azaola, 2018; Willis, Bland, Manka, & Craft, 2012). Likewise, mentors report a sense of reward and pride from helping others, increased confidence, and the development of their interpersonal and communication skills (Brady et al., 2012; James et al., 2014; Messiou & Azaola, 2018; Panayiotou et al., 2020). However, mentors have also cited the time commitments associated with participating in such interventions as a drawback (Brady et al., 2012; James et al., 2014; Panayiotou et al., 2020). Whereas, by contrast, mentees have described wanting more time with their mentors (Brady et al., 2012).

Given the mixed findings thus far on the impact of cross-age peer mentoring interventions, despite interest in a UK context of implementing such support in schools, there is an ongoing need for mixed methods research using standardised measures and in-depth interviews to examine outcomes for mentors and mentees. Moreover, given that much of the evidence to date relates to programmes in the USA, establishing the extent to which findings are culturally transferable to interventions in a UK setting is an important step in building the evidence base. Consequently, the aims of this study were to:

1. Examine the impact of the 'More than Mentors' cross-age peer mentoring intervention (delivered in select secondary schools in London from 2017-19) on mentors' and mentees' wellbeing, resilience, and mental health, reflecting the intended outcomes of the programme, while controlling for socio-demographic factors.
2. Explore mentees' and mentors' perceptions of intervention impact and the mechanisms behind this.

2. Methods

2.1 Setting for the study

Seeking to develop a model of evidence based practice relating to the role of peer mentoring in promoting children and young people's mental health, More than Mentors was developed drawing on the expertise of academics, a literature review, service providers, and young co-researchers, collated by clinicians at East London Foundation Trust. The design of the programme was therefore informed by best practice and current evidence, but also by young people who had either had experience of mentoring and the training involved, or of being mentored. The delivery of More than Mentors in our study was led by youth practitioners at Community Links; an East London-based voluntary sector organisation.

Clinical support and supervision for the programme was provided by mental health practitioners at East London Foundation Trust.

Mentors in More than Mentors received six accredited (National Open College Network; NOCN Level 2) training sessions. Mentors also received regular specialist (clinical) group supervision, resources, and top-up training throughout the programme. Through their training, mentors learnt and practiced skills in being a 'professional friend' to mentees, including developing conversational, questioning, and listening skills, recognising boundaries and safeguarding responsibilities, and promoting change and goal setting. Mentors were encouraged to explore the importance of building a trusting relationship with their mentees, supporting the idea that it is through this relationship that mentors will enable their mentees to consider change.

More than Mentors consisted of up to 10 one-to-one weekly mentoring sessions (each up to 60 minutes in length) over the duration of the school term in a supervised school setting. Mentoring sessions took place at the same time in each school for all mentors and mentees, giving them the opportunity to socialise with each other before or after their mentoring sessions. In sessions, mentees were encouraged to build on their strengths, problem solve, and explore opportunities for change with their mentors. Mentors generally only worked with one mentee at a time, but could work with more than one mentee over the course of the school year if they wanted to. Data on fidelity to the programme model were not collected.

2.2 Participants

Over the three years of the programme (2017-19), 377 young people (210 mentors and 167 mentees) participated across eight secondary schools in three London boroughs (see Table 1 for a summary of participants' flow through the programme). Mentors' ages ranged

from 11.08 to 17.75 (*M* = 15.72, *SD* = 1.62), and mentees' ages ranged from 11.00 to 18.25 (*M* = 13.34, *SD* = 1.52). The average number of mentoring sessions that mentors attended was 11.67 (*SD* = 4.38) (including their training sessions, which were included in mentors' overall programme attendance records), and for mentees the average was 7.45 (*SD* = 3.31). There was no minimum number of sessions that participants had to attend, although mentors had to complete their training before delivering their mentoring sessions. The minimum number of sessions attended by mentors and mentees was three. Participation in the programme was voluntary and participants were free to leave the programme at any point without giving a reason. Participant demographic data are presented in Table 2.

Table 1. Summary of participants' flow through the programme.

	Role		
	Mentor *n* (%)	**Mentee *n* (%)**	**Total**
Joined programme	264	210	474
Did not start programme	24 (9.1)	11 (5.2)	35 (7.4)
Dropped out of programme	30 (11.4)	32 (15.2)	62 (13.0)
Completed programme	210 (80.0)	167 (80.0)	377 (80.0)

Table 2. Demographic information about the mentors and mentees.

	Role		
Characteristics	**Mentor *n* (%)**	**Mentee *n* (%)**	**p-value***
Gender			
Male	36 (22.9)	36 (31.3)	0.122
Female	121 (77.1)	79 (68.7)	
Missing	53 (25.2)	52 (31.1)	
Ethnicity			
White	51 (34.5)	56 (50.0)	
Black	42 (28.4)	19 (17.0)	0.031*
Asian	26 (17.6)	13 (11.6)	
Any other ethnic group	29 (19.6)	24 (21.4)	

Missing	62 (29.5)	55 (32.9)	
Eligible for free school meals (FSM)			
Yes	31 (19.9)	44 (38.6)	0.001**
Missing	54 (25.7)	53 (31.7)	
Special educational needs (SEN)			
Yes	13 (8.6)	28 (24.8)	<0.001**
Missing	79 (27.6)	54 (32.3)	
English as an additional language (EAL)			
Yes	50 (32.3)	30 (26.1)	0.272
Missing	55 (26.2)	52 (31.1)	

Note: Chi-square analysis was conducted without missing values.
* In reference to chi-square analysis, * $p < .05$; ** $p < .01$.

Schools were invited to participate in More than Mentors by Community Links, following liaison with local authority and clinical commissioning group representatives in each of the three London boroughs. Mentors were recruited to take part via expression of interest or simple nomination by school staff using a referral form. Selection criteria included young people who demonstrated commitment, compassion, and a willingness to support a (typically) younger peer and be a positive role model. Mentors may also have had experience of mental health difficulties, thus representing an expert by experience. Mentees were recruited to take part either by self-referral or simple nomination by school staff, also using a referral form. Selection criteria included having concerns about mentees' risk of developing mental health difficulties. However, young people who were felt to be in need of referral to child and adolescent mental health services (CAMHS) were not included in the programme, as this level of support was outside of its scope. The programme youth practitioners, in consultation with mental health practitioners, reviewed referral forms, interviewed mentors, and met with mentees to discuss the programme with them. A taster session was offered for both mentors and mentees to help familiarise them with the programme and the youth

practitioners. Pairs of mentors and mentees were then matched together by the youth practitioners.

A subset of mentors and mentees across four of the schools (N = 16) also participated in qualitative research interviews about their experiences of taking part in the programme. All interviewees were recruited via expression of interest forms. The evaluation team then randomly selected a sample of completed expression of interest forms at each school. Demographic data were collected about interviewees using a self-report questionnaire. Eight interviewees were mentors (one male and five females), ranging from 15.05 to 17.07 years old (demographic data were missing for two mentors). The remaining eight interviewees were mentees (two males and four females), ranging from 11.10 to 14.08 years old (demographic data were missing for two mentees).

Ethical approval for this study was granted by the UCL Research Ethics Committee (ID number: 6087/002). Prior to taking part, young people were asked to read an information sheet outlining the purpose of More than Mentors and the study, including the voluntary nature of their participation and their right to withdraw at any time. Informed consent to take part was obtained on a written form for young people aged 16 or over. For young people under 16, written informed consent was obtained from their parents/carers (who were also asked to read the information sheet) and written assent was obtained from the young people themselves. Survey data, interview audio recordings, and transcripts were kept confidential and only accessed by the evaluation team. Identifying details, such as names of people and places, were removed from transcripts to ensure participant anonymity.

2.3 Data collection

To explore changes in mentors' and mentees' wellbeing, resilience, and mental health before and after the programme, all participants were asked to complete a survey (comprised

of a battery of standardised measures) at two timepoints: start of intervention (Time 1 [T1]) and end of intervention (Time 2 [T2]; approximately 10 weeks after T1). The programme delivery team provided data on when each participant entered and finished the programme, as well as on the number of mentoring sessions attended by each participant. Schools provided participant socio-demographic information including gender, age, ethnicity, free school meal (FSM) eligibility, special educational needs (SEN) status, and English considered as an additional language (EAL). Participants were missing socio-demographic information when schools were unable to provide it.

At T2, a subset of participants took part in qualitative interviews in a private room at their schools. The interviews were conducted by the second author, who received training from the qualitative research lead (the first author). All interviews were audio-recorded and transcribed verbatim. The interviews ranged from approximately 10 to 38 minutes in length (M = 22.15, SD = 11.17). The interviews were semi-structured, meaning that the conversation was guided by the interviewer around topics of interest to the study, but ultimately led by the interviewee in terms of the issues and experiences that were pertinent to them to discuss. The interview schedule covered the following topics: Young people's experiences of meeting with their mentor or mentee, including what happened in the sessions and their relationship with each other; perceptions of the impact of the programme on their feelings, friendships, school life and family life; perceptions of helpful and unhelpful aspects of the programme; and suggestions for improvement.

2.4 Measures

Mental health difficulties (emotional difficulties, conduct difficulties, hyperactivity/inattention difficulties, difficulties with peers, and prosocial behaviour) were measured using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001). The

SDQ is one of the most widely used mental health symptom scales for young people. It has satisfactory discriminative validity, reliability, and internal consistency (Lundh, Wangby-Lundh, & Bjarehed, 2008; Muris, Meetsters, & van den Berg, 2003; Woerner et al., 2004). Higher scores on the SDQ indicate higher levels of difficulties, apart from for the prosocial behaviour subscale whereby higher scores indicate lower levels of difficulties. The totals from the four difficulties subscales of the SDQ are used to create an overall total difficulties score.

Protective factors were measured using the Student Resilience Scale (SRS; Sun & Stewart, 2007). The SRS measures young people's perceptions of their own individual protective characteristics, as well as protective factors embedded within their environment. The SRS has good internal consistency, reliability, and validity (Lereya et al., 2016; Sun & Stewart, 2007). Higher scores on the SRS indicate lower levels of difficulties. Perceived stress was measured using the Perceived Stress Scale (PSS; Cohen, Karmarck, & Marmelstein, 1983). The PSS has shown good internal consistency, test-retest reliability, and validity across different populations (Lee, 2012). Higher scores on the PSS indicate higher levels of difficulties. Wellbeing was measured using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS; NHS Health Scotland, University of Warwick, & University of Edinburgh, 2008). The SWEMWBS has adequate validity, reliability, and convergent and divergent validity (Vaingankar et al., 2017). Higher scores on the SWEMWBS indicate lower levels of difficulties.

2.5 Data analysis

The sample sizes included in the quantitative data analysis (i.e., the numbers of participants who completed each of the measures) are shown in Tables 3 and 4. Data were analysed using the STATA statistical software package (version 15). Multi-level modelling

was conducted to evaluate the impact of More than Mentors using mentors' and mentees' pre- [T1] and post-intervention [T2] survey scores. The analysis focused on score changes in participants' mental health, wellbeing, and resilience between T1 and T2 (separately for mentees and mentors given their different programme roles), while controlling for participants' socio-demographic data at baseline and their programme attendance levels. The school-level variance was also examined, but the intraclass correlation coefficient was 2%, indicating that no significant variances were observed. Thus, participants' score changes between T1 and T2 in terms of their mental health, wellbeing, and resilience were specified in level 1 of the model and participants' socio-demographic characteristics, as well as their roles in the programme, were included in level 2. Given that participants' score changes could vary according to their different roles in the programme (i.e., as mentor or mentee), we also tested for an interaction between these two factors.

Participants with missing data were not included in the final model. The statistical mean differences on all outcome measures between participants who dropped out or who did not start the programme and those who fully participated in the programme were examined. No significant differences were found for any of the outcome measures (see Appendix 1, Table 1). The same analysis was applied for participants with missing socio-demographic information. Participants with missing socio-demographic data were more likely to experience behavioural difficulties and less likely to have a sense of school connectedness, but no other significant differences were found (see Appendix 1, Table 2).

A thematic analysis drawing on the methodology described by Braun and Clarke (2006) was conducted to analyse the qualitative interview data and answer the following research question: What were mentors' and mentees' perceptions of the impact of More than Mentors and the mechanisms behind this? The first and second authors initially coded the transcripts in the NVivo qualitative data analysis software package (version 11) to a small

number of broad categories, applied deductively or 'top-down' to the data: Perceived impact; perceived helpful factors; perceived unhelpful factors; suggested improvements. This process involved labelling relevant extracts from the transcripts accordingly. The second author then recoded the transcript extracts assigned to each category to themes, derived inductively or 'bottom-up' from the data. For instance, extracts from interviews within the 'Perceived impact' category were coded to a theme called 'Relational improvements'. As a check on the credibility of the analysis, the first author then read through the content coded to each theme and merged themes or created new themes as necessary to refine the thematic structure.

3. Results

3.1 Quantitative findings for those participating in More than Mentors

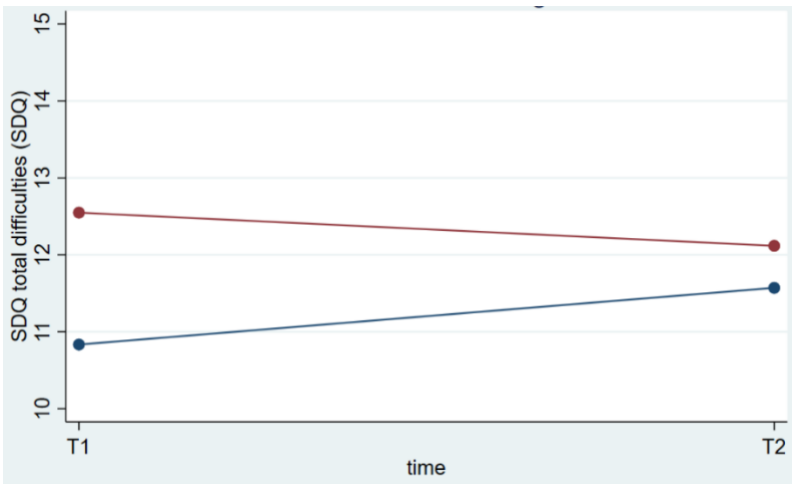
Mentees' behavioural difficulties SDQ subscale scores at T1 were higher than mentors' scores when the covariates, including the time element, were held constant. This was expected, as the selection criteria for mentees included risk of developing mental health difficulties. Additionally, participants' socio-demographic factors were significantly associated with their SDQ and SRS scores at baseline. In terms of the SDQ, participants of Black ethnicity had significantly lower overall mental health difficulties scores at T1 than participants of White ethnicity. The same pattern was observed for the emotional difficulties, hyperactivity/inattention, and peer problems subscales. Participants eligible for FSM had significantly higher peer problems subscale scores at T1, compared to participants who were not eligible for FSM. Participants with SEN status had significantly higher behavioural difficulties subscale scores at T1 than participants without SEN status.

In terms of the SRS, participants of Black ethnicity had significantly higher scores on the self-esteem and goals and aspirations subscales at T1 than participants of White ethnicity. However, participants of Black ethnicity also had significantly lower scores on the school

connection and participation in community subscales at T1 than participants of White ethnicity. Male participants' average scores on the participation in community subscale were significantly higher than female participants' at T1, while male participants' average scores on the peer problems subscale were significantly lower than female participants' at T1. Older participants had significantly more difficulties in terms of school connection and participation in community at T1, compared to younger participants. No other significant associations were found for any other socio-demographic factors and participants' scores on the SDQ, SRS, PSS and SWEMWBS at T1.

Mentees' overall mental health (as measured by their total difficulties scores on the SDQ) improved significantly from T1 to T2, and such changes were significantly different from mentors' average score changes from T1 to T2. This was after adjusting for potential confounders, including participants' socio-demographic information and number of mentoring sessions attended (see Figure 1 and Table 3). However, when participants' scores on the subscales of the SDQ (emotional difficulties, conduct difficulties, hyperactivity/inattention difficulties, peer problems, and prosocial behaviour) were analysed separately across T1 and T2, no significant differences over time were observed for either mentors or mentees.

Figure 1. Predicted SDQ total difficulties marginal scores at T1 and T2 for mentors and mentees.



Changes in participants' overall mental health were closely associated with their programme attendance levels. Participants who attended more sessions of More than Mentors, regardless of their role in the programme (i.e., as mentor or mentee), experienced significantly fewer overall mental health difficulties over time (see Table 3), while controlling for socio-demographic variables. The same pattern was observed for the conduct difficulties, hyperactivity/inattention difficulties, and prosocial behaviour subscales.

Table 3. Results of multi-level modelling of SDQ data.

	SDQ: Emotional difficulties		**SDQ: behavioural difficulties**		**SDQ: Hyperactivity**		**SDQ: Peer problems**		**SDQ: Prosocial behaviour**		**SDQ: Total difficulties**		**SDQ: Total impact**	
	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE
Time	0.09	0.18	0.26	0.14	0.23	0.18	0.11	0.14	-0.12	0.15	0.74	0.39	**0.32***	0.13
Role: Mentee (ref. Mentor)	-0.25	0.39	**0.58***	0.27	0.35	0.37	0.24	0.29	-0.30	0.28	0.83	0.9	0.26	0.27
Mentee x Time	-0.34	0.27	-0.31	0.22	-0.22	0.27	-0.35	0.22	0.15	0.22	**-1.2***	0.60	-0.39	0.20
Male (ref. Female)	-0.18	0.33	0.33	0.22	0.32	0.31	0.12	0.24	-0.20	0.23	0.61	0.75	0.04	0.22
Age	**-0.23***	0.11	-0.05	0.07	-0.09	0.10	-0.03	0.08	-0.04	0.07	-0.38	0.24	-0.04	0.07
Ethnicity (ref. White)														
Black	**-1.24****	0.36	0.00	0.24	**-0.77***	0.34	**-0.54***	0.26	0.08	0.25	**-2.48****	0.82	-0.15	0.25
Asian	-0.31	0.44	-0.29	0.30	-0.52	0.41	-0.52	0.32	0.23	0.30	-1.72	0.99	-0.10	0.30
Other ethnic groups	-0.27	0.39	-0.35	0.26	-0.42	0.37	-0.32	0.28	-0.21	0.27	-1.25	0.89	-0.35	0.26
FSM	0.39	0.30	0.13	0.20	-0.02	0.28	**0.53***	0.21	0.36	0.21	1.11	0.69	0.30	0.20
SEN	-0.42	0.31	**0.67***	0.26	0.42	0.36	0.38	0.28	-0.12	0.27	1.05	0.71	0.17	0.25
EAL	-0.04	0.39	0.25	0.21	-0.14	0.29	-0.14	0.22	-0.27	0.21	-0.17	0.88	-0.04	0.21
No. of sessions attended	0.004	0.05	**-0.10****	0.03	**-0.13****	0.04	-0.06	0.03	**0.09****	0.03	**-0.29***	0.11	-0.04	0.03
Constant	**7.48*****	1.58	**3.2****	1.07	6.60	1.49	3.37	1.13	**7.87*****	1.09	**20.5*****	3.61	1.75	1.04
Log likelihood	-993.08		-852.16		-971.18		-865.05		-863.01		-1356.9		-787.77	
Participant *n*	261		261		261		261		261		261		260	

Notes: SDQ: Strengths and Difficulties Questionnaire; FSM = Eligibility for Free School Meals; SEN = Special Educational Needs; EAL = English as Additional Language *p < .05; **p < .01; ***p<0.001

Mentors' scores on the SRS, in terms of their school connection and participation in home and school life, increased significantly from T1 to T2 (see Table 4 and Figure 2). By contrast, mentees' scores on the SRS in terms of their school connection significantly decreased over time. However, when participants' scores on the other subscales of the SRS (family connection, community connection, participation in community, peer problems, self-esteem, empathy, problem-solving, and goals and aspirations) were analysed across T1 and T2, no significant differences over time were observed for either mentors or mentees. In addition, no significant differences were observed in either mentors' or mentees' levels of perceived stress (total scores on the PSS) or wellbeing (total scores on the SWEMWBS) over time. This was after adjusting for potential confounders, including participants' socio-demographic information and number of mentoring sessions attended. Finally, no significant impact was found of participant programme attendance on change over time in participants' scores on the SRS, PSS and SWEMWBS, while controlling for socio-demographic variables.

Figure 2. Predicted SRS school connection and participation in home and school life marginal scores at T1 and T2 for mentors and mentees.

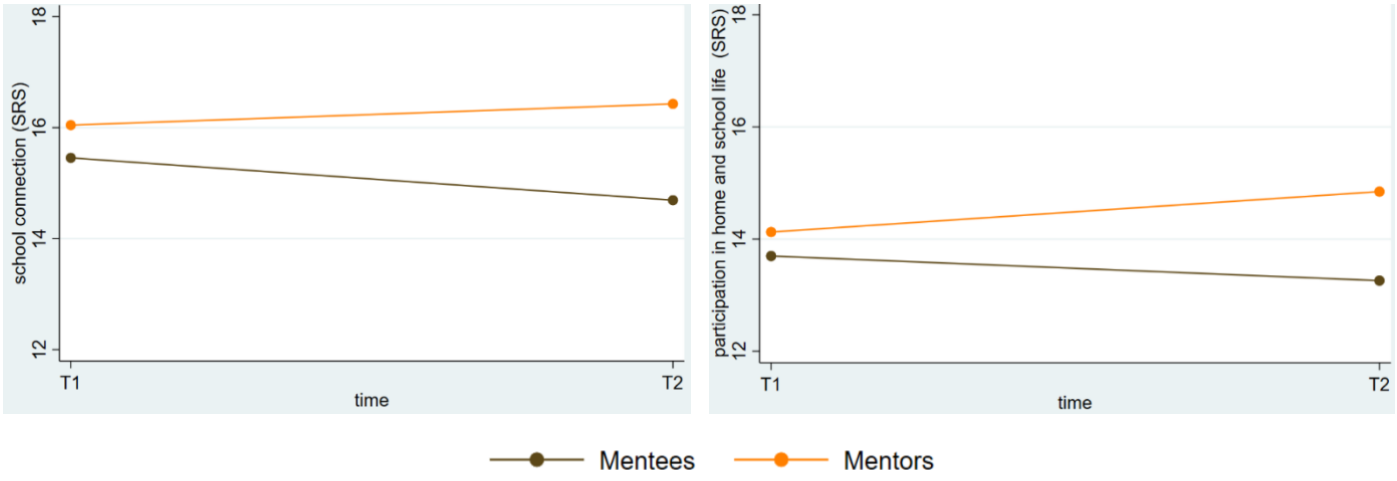


Table 4. Results of multi-level modelling of resilience (SRS), stress (PSS), and wellbeing (SWEMWBS) data.

	SRS: Family connection		**SRS: School connection**		**SRS: Community connection**		**SRS: Participation in community**		**SRS: Peer problems**		**SRS: Participation in home and school**		**SRS: Self-esteem**	
	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE
Time	-0.27	0.26	**-0.76***	0.37	-0.23	0.44	-0.22	0.29	-1.24	1.09	-0.44	0.37	0.09	0.26
Role: Mentor (ref. Mentee)	0.29	0.46	0.59	0.58	0.02	0.65	**1.05***	0.46	0.85	1.78	0.43	0.61	0.45	0.41
Mentor x Time	0.21	0.34	**1.15***	0.48	0.39	0.58	-0.23	0.38	0.93	1.38	**1.16***	0.48	-0.004	0.33
Male (ref. Female)	-0.18	0.38	-0.33	0.48	-0.57	0.50	**1.03****	0.38	**-2.98***	1.51	0.05	0.51	0.35	0.34
Age	-0.05	0.12	**-0.44****	0.15	-0.12	0.16	**-0.36****	0.12	0.33	0.48	-0.20	0.16	0.05	0.11
Ethnicity (ref: White)														
Black	0.52	0.42	**-1.09***	0.52	-1.07	0.57	**1.94*****	0.41	2.14	1.65	0.98	0.55	**1.07****	0.38
Asian	-0.36	0.52	**-1.30***	0.62	-0.58	0.70	0.75	0.50	-1.55	1.96	0.11	0.67	0.30	0.45
Other ethnic groups	0.59	0.46	**-1.41***	0.56	-0.12	0.61	**1.01***	0.45	-0.07	1.76	0.35	0.60	0.39	0.41
FSM	0.46	0.34	0.23	0.43	-0.31	0.45	-0.09	0.34	0.12	1.37	0.18	0.46	0.14	0.31
SEN	0.30	0.45	0.97	0.56	0.52	0.59	-0.57	0.45	0.18	1.77	0.16	0.59	-0.16	0.40
Language	0.44	0.36	0.81	0.45	-0.07	0.48	-0.38	0.36	1.67	1.42	-0.02	0.48	0.23	0.33
No. of sessions attended	-0.04	0.06	0.10	0.07	-0.06	0.08	-0.05	0.06	0.26	0.22	0.03	0.07	-0.04	0.05
Constant	**18.68*****	1.81	**21.13*****	2.28	**19.93*****	2.09	**11.20*****	1.58	**46.67*****	6.24	**16.03*****	2.11	**11.04*****	1.43
Log likelihood	-1018.64		-1144.84		-1206.54		-1060.37		-1546.41		-1158.165		-985.101	
Participant *n*	257		257		258		259		253		257		257	

Table 4 (continued). Results of multi-level modelling of resilience (SRS), stress (PSS), and wellbeing (SWEMWBS) data.

	SRS: Problem solving		**SRS: Empathy**		**SRS: Goals and aspirations**		**PSS**		**SWEMWBS**	
	B	SE	B	SE	B	SE	B	SE	B	SE
Time	-0.11	0.34	-0.27	0.19	-0.11	0.17	-0.34	0.37	-0.43	0.56
Role Mentor (ref. Mentee)	0.27	0.52	0.24	0.27	0.33	0.28	0.15	0.52	-0.29	0.94
Mentor x Time	0.21	0.45	0.31	0.25	0.19	0.22	0.78	0.48	0.29	0.72
Male (ref. Female)	-0.8	0.43	-0.17	0.22	0.32	0.24	-0.45	0.43	0.77	0.79
Age	-0.23	0.14	-0.12	0.07	0.02	0.08	0.03	0.14	-0.19	0.25
Ethnicity (ref. White)										
Black	-0.39	0.46	0.18	0.24	**0.72****	0.26	-0.67	0.47	1.28	0.84
Asian	0.04	0.57	0.12	0.29	-0.22	0.32	-0.59	0.56	0.94	1.04
Other ethnic groups	0.01	0.51	-0.05	0.26	0.33	0.28	-0.10	0.50	1.31	0.95
FSM	0.02	0.39	0.09	0.20	0.24	0.21	0.10	0.39	0.04	0.71
SEN	0.07	0.5	-049	0.26	-0.03	0.28	0.15	0.50	0.41	0.93
Language	-0.32	0.4	-0.01	0.21	0.27	0.22	-0.40	0.40	0.17	0.75
No. of sessions attended	0.03	0.06	0.06	0.03	-0.01	0.03	-0.04	0.06	0.09	0.11
Constant	**14.1*****	1.79	**9.47*****	0.91	**7.69*****	0.99	**7.46*****	1.77	**26.75*****	3.25
Log likelihood	-1092.74		-825.46		-817.09		-1101.35		-1291.49	
Participant *n*	257		257		257		256		252	

Notes: SRS: Student Resilience Survey; PSS: Perceived Stress Scale; SWEMWBS: Short Warwick-Edinburgh Mental Wellbeing Scale; FSM = Eligibility for Free School Meals; SEN = Special Educational Needs; EAL = English as Additional Language; *p < .05; **p < .01; ***p<0.001

3.2 Qualitative findings on mentees' perceptions of impact and mechanisms behind impact

A positive emotional shift. All mentees described enjoying being involved in More than Mentors, and most mentees mentioned feeling happier or more positive about life following their participation in the programme.

> *Every day I kept on coming home happier and that's what my mum told me. So it, when I'm happier, I sleep more. I think that's what it is, like, at the moment. Because I've seemed to sleep more whenever I, like, once I've talked to my mentor.*

Most mentees spoke about feeling calmer or less angry following their participation in the programme, as well as feeling more able to control their anger. Some mentees described feeling less stressed, worried or scared since taking part and referred to the sensation of having 'a weight lifted off their shoulders' or 'getting things off their chest'. One mentee mentioned that they had stopped self-harming since their mentor had helped them to recognise other ways of coping with their feelings.

An easier school life. Most mentees commented on how they were now handing their homework in on time, improving academically, feeling more confident, and focusing or listening more in class. Most mentees mentioned having fewer fights and arguments with their peers and teachers, and getting into trouble less in general at school since taking part in the programme. For example, one mentee commented: "*When the whole first mentoring thing started, I, I used to be in, like, quite a lot of drama and trouble etcetera. But now it's like decreased a lot".*

Relational improvements. Most mentees spoke about the positive impact of More than Mentors on their relationships with others, including arguing less with their siblings now. Several mentees also talked about how they had made new friends or met new people as a result of More than Mentors, for instance because they were now feeling more confident,

less shy, or happier in themselves. Some mentees viewed their mentor as a new friend: "*Mentors is basically a friend that you don't have to look for"*.

Having someone there for you. All mentees alluded to the importance of having a consistent person to talk to on a regular basis whom they liked and trusted. Mentees referred to their mentor as being someone whom they could talk to about life in general, their interests, or difficult situations and problems. They mentioned enjoying talking to their mentor, finding it easy to talk to them, and feeling that they were really being listened to.

> *It's nice to know that there's somebody there to speak to if you ever need anything. And then, especially the fact that that person isn't really going to go anywhere because they're in your school. So, and also the whole idea of it being like a confidential thing, it's very assuring.*

Advice and goals. All mentees described the useful advice or help that they had been given by their mentor, as well as the progress that they had made towards reaching goals set in collaboration with their mentor. Advice received included tips for boosting confidence and being less shy, ways of managing arguments with friends and family, techniques for controlling anger, and help in relation to difficult lessons at school.

> ***What do you think were the most helpful things about More than Mentors for you?***
> *Just sort of the little tips and stuff that my mentor would give me. Like, because it's the smallest things that help like, that help me like get on with the biggest, th- the biggest problems that I have.*

A relatable source of help. Most mentees referred to their mentor as being someone whom they could relate to in terms of having common interests and life experiences. This was helpful as it allowed mentees to feel at ease around and bond with their mentor. Some

mentees indicated that they appreciated that their mentor was close to their age and felt that they provided a more informal source of help than an adult, such as a counsellor.

> *Being able to talk to somebody who's been through all of that, and who's hap- willing to say how nervous he was […] that helped a lot because I didn't feel I was different and as worried.*

Areas of limited impact. However, some mentees described experiencing problems in their lives that their mentor had not been able to help them deal with, or which were still ongoing since they had become involved in the programme. Indeed, some mentees felt that the advice or support that their mentor had given them was not always helpful. This was the case, for instance, when they did not want to deal with a situation in the manner in which their mentor had suggested, or when they had tried to follow their mentor's advice but ultimately it had not helped to mitigate the problem.

> *My mentor would explain to me like, how they just talked to [their parents] and like, sometimes it worked like, but sometimes it really, really didn't. Like, I tried to talk to my mum about a certain thing, and then she'd be like, get on a defensive side and stuff like that.*

Some mentees described not always wanting to or feeling able to talk to their mentors about difficult issues. Such issues could be upsetting and thus hard to talk about, or they could be things that mentees preferred to keep private. One mentee also mentioned not understanding why they had been chosen to take part in the programme, as they did not feel that they needed help.

Time limitations. Several mentees alluded to their perceptions of the limited number of sessions that they had had with their mentors. This was due to the planned structure of the programme, but also due to mentors sometimes not being able to attend sessions.

Consequently, some mentees suggested that the programme could be improved by increasing the frequency of sessions.

> *My friend thinks that we should have like mentors like every day. I said like, 'Yeah but then they have to, like they actually have schedules.' Then she said, 'But a lot can happen in 24 hours', and I said, 'True, true'.*

Qualitative findings on mentors' perceptions of impact and mechanisms behind impact

The positive effects of helping others. Almost all mentors talked about the positive feelings, such as feeling happy, proud and accomplished, that they had experienced as a result of volunteering as part of More than Mentors, helping their mentees, and seeing their mentees improve over time. Consequently, some mentors felt inspired to continue helping others or to take part in more volunteering projects.

> *I liked helping [my mentee], because, and I liked getting him to open up because it was like he had a lot enclosed in him. Had a lot. So I didn't, when I started to open him up, it was like, I'm helping him. And it felt really good.*

Self-reflection and development. Most mentors described the ways in which they felt that they had learned about themselves and personally developed since taking part in the programme. This included becoming more patient, understanding, selfless and tolerant in relation to others, and learning how to better manage their own difficult feelings and situations.

> *[My mentee and I] made the checklist of what things make you happy because again, my mentee always faces some anger issues. They don't know how to control their anger. And in that aspect, um, that was contributing to me as well because sometimes I don't really know how to control my anger.*

Gaining new skills and knowledge. Almost all mentors talked about the new skills and knowledge that they had developed through the programme in relation to helping others. Several mentors described how these skills were also applicable to their interactions with family and friends. For instance, they mentioned being more patient with younger siblings. Skills learned included building relationships and conversations with others (*"I've learnt how to, um, open people up more because [my mentee] was very shy"*), reading body language, active listening, gaining knowledge about safeguarding young people and when to seek help from adults, and recognising the difference between empathy and sympathy. Most mentors viewed the skills, knowledge and experiences, which they had gained through taking part in the programme, as being transferable and beneficial for their future careers. They talked about being able to put More than Mentors on their CV or higher education applications, and they appreciated the official qualification or accreditation that they would gain from taking part.

Feeling supported. All mentors spoke about the useful support and training that they had received from the programme facilitators. Some mentors specifically mentioned finding the role play aspects of the training helpful, as this gave them an opportunity to practice their skills and hone their technique prior to their mentoring sessions.

> *I think I would've been lost [without the training], because it was just like, it's just like sitting an exam without actually going to school, basically. You wouldn't know what to write. So um, without the training session […] I think I would've been, I would've struggled a lot to build a relationship with my mentee.*

Several mentors also mentioned the utility of the ongoing supervision and support that they had received from the facilitators (and the other mentors) over the course of the

programme. This was helpful in terms of overcoming any difficulties that arose throughout the mentoring process, such as a mentee not being very talkative.

Variation in mentee engagement. Some mentors described experiencing ongoing difficulties in engaging their mentees over the course of their sessions. They referred to their perception of their mentees as being particularly shy, not always feeling able to share their problems, or not always being willing to participate in sessions. Reasons cited for this included perceiving that their mentee wanted to be paired with a different mentor or that their mentee did not see a need to take part in the programme.

> *At one point in time I think he really felt he didn't want to be part of it. And I, yeah I think he felt that his time was being wasted and I kind of felt that same way too.*

Issues around timing. Mentors varied in their perceptions of the most appropriate length of the sessions, with some mentors preferring 45-minute or even longer sessions and others preferring 30-minute sessions. Mentors who wanted shorter sessions mentioned finding it hard to maintain their mentees' engagement throughout the whole session, whereas mentors who wanted longer sessions felt that they needed more time to cover all necessary topics and issues with their mentee.

> *45 minutes, I feel like that's a bit too long […] [because] it gives you lots of awkward moments as well, because you don't know what to talk about. So like, I feel like 30 minutes would be just fine.*

4. Discussion

Schools are being increasingly looked to by UK government as important sites for the provision of preventive support in relation to young people's mental health and wellbeing (Department of Health & Department for Education, 2017). Peer support schemes have gained increasing popularity as a form of such support provision (Knowles & Parsons, 2009).

Cross-age peer mentoring is a common type of peer support scheme being implemented in UK secondary schools (Houlston et al., 2009). Yet, peer mentoring models can vary substantially and the evidence for the efficacy of such interventions is mixed, with much of the evidence thus far stemming from programmes in the USA (Busse et al., 2018; Karcher et al., 2010). There is a need, therefore, for further mixed methods research using standardised measures and in-depth interviews to examine outcomes for mentors and mentees for specific peer mentoring programme models in a UK context. This study sought to investigate the impact of More than Mentors, delivered within eight London-based secondary schools from 2017-19.

Another mixed methods evaluation of More than Mentors has recently been conducted with a different London-based secondary school cohort, delivered as part of a preventive and early intervention programme called HeadStart (Panayiotou et al., 2020). This study had a pre-post quasi-experimental design, with an intervention group and a control group. Panayiotou et al. (2020) found that More than Mentors had a significant positive effect on mentors' wellbeing (as measured using the SWEMWBS), but had no significant effects on mentees' wellbeing or on mentors' and mentees' problem-solving skills and goals and aspirations (as measured using the SRS). In addition, number of mentoring sessions attended did not have a significant impact on outcomes for mentors and mentees. It is possible that differences in programme delivery and study design contributed to differences in our findings (Panayiotou et al., 2020).

Our quantitative findings showed that mentees benefitted from the provision of More than Mentors in relation to their overall mental health. By contrast, another UK-based evaluation, similarly using the SDQ as a measure of mental health, found slight deterioration in mentees' overall mental health at post-intervention, but as the amount of deterioration was larger in the control group, it was concluded that peer mentoring *"may help to "decelerate"*

mentees' negative perceptions of their social and emotional difficulties" (O'Hara, 2011, p. 285). The significant improvements identified in mentees' overall mental health in our study reflects a key theme identified in our qualitative interviews; namely that mentees experienced a positive emotional shift as a result of taking part in the intervention, such as feeling happier, less angry, less worried, and more confident. Perhaps also reflecting this, another UK-based evaluation reported significant improvements at post-intervention in mentees' levels of life satisfaction and self-esteem (MBF, 2011). Yet, quantitatively, we did not find any significant impact of the intervention on mentees' levels of perceived stress and wellbeing. The latter reflects findings from other UK-based evaluations of cross-age peer mentoring interventions, which have similarly not identified any impact on mentees' wellbeing (Panayiotou et al., 2020; Tymms et al., 2016).

Although previous research has identified significant improvements in mentors' levels of confidence (MBF, 2011) and wellbeing (Panayiotou et al., 2020) at post-intervention, we did not find any substantial quantitative evidence for the benefits of More than Mentors on mentors' overall mental health, perceived stress, or wellbeing. However, the mentors interviewed in our study spoke about the positive feelings that they had experienced through helping their mentees. They also described multiple areas of personal development as a result of the programme, including enhancing their communication and interpersonal skills, and learning how to better manage their own difficult feelings and situations. Thus, this could suggest that these outcomes may be more relevant to measure for mentors than change in their mental health.

Yet, mentors in our study did show significant improvements in relation to their sense of school connection and participation in home and school, although mentees did not. Mentees' levels of difficulties actually increased in terms of their sense of school connection. This unexpected finding contrasts with previous research in the USA, which found that

mentees' sense of connectedness to their school and parents increased significantly, as compared to a control group, at post-intervention (Karcher, 2005). However, in another UK-based evaluation, Knowles and Parsons (2009) similarly found that mentees' levels of school identity decreased. It is possible that deterioration in school connectedness can be an unintended consequence of some peer mentoring models. However, we propose that this finding requires further exploration in future studies. Indeed, the qualitative interviews in our study showed that mentees did report experiencing improvements in their schoolwork and in their behaviour at school as a result of the intervention.

We also found that participants who attended more sessions of More than Mentors, regardless of their role in the programme, experienced fewer overall mental health difficulties, conduct difficulties, hyperactivity/inattention difficulties, and prosocial behaviour difficulties over time. This indicates a possible dosage effect of More than Mentors on participants' mental health. In line with this, O'Hara (2011) found a significant negative relationship between the number of mentoring sessions attended by mentees and their levels of perceived conduct difficulties. Moreover, in a Canadian study, Crooks, Exner-Cortens, Burm, Lapointe, and Chiodo (2017) found that participants only experienced benefits in relation to their mental health when they had received two years of mentoring, as opposed to one year of mentoring or no mentoring. Yet, other evaluations have not found any evidence for the impact of levels of programme attendance (Panayiotou et al., 2020; Roach, 2014). Karcher (2005) found that the quality of the mentoring relationship, as measured in terms of the consistency of mentors' session attendance, was more highly related to positive changes in mentees' self-esteem, social skills and behaviour than mentees' levels of programme attendance.

Mechanisms behind the impact of More than Mentors, as qualitatively identified in our study from mentees' perspectives, were: Having someone there for you, receiving advice

and goals, and having a relatable source of help. This reflects previous findings on the importance of the quality of the mentor-mentee relationship in promoting positive outcomes (Karcher, 2005; Panayiotou et al., 2020). Mentees' references to feeling calmer and more able to control their anger following their participation in More than Mentors could also suggest that learning to regulate or manage feelings is another mechanism behind impact. Yet, mentees also spoke about the areas of their lives that their mentors had not been able to help with, and made reference to such issues as their mentors not always being able to attend sessions or to sessions not being frequent enough. From focus groups with young people who had taken part in a peer mentoring intervention in Ireland, Brady et al. (2012) found that mentees described their mentor as being someone to have fun with and care for or support them, but they also explained that they wanted more time together.

Mechanisms behind the impact of More than Mentors, as qualitatively identified in our study from mentors' perspectives, were: Gaining new skills and knowledge, and feeling supported by the training, the programme facilitators, and each other. However, mentors also commented on the variation that they had experienced in mentee engagement, and they were divided on whether shorter or longer mentoring sessions were more desirable. Other qualitative studies have similarly found that mentors cite the importance of the training and supervision that they receive, but also describe sometimes struggling to talk to their mentees or experiencing variation in mentee engagement (Brady et al., 2012; James et al., 2014; Panayiotou et al., 2020). Indeed, Karcher, Nakkula, and Harris (2005) found that the degree to which the mentors in their study perceived their mentees as being open to seeking support from them was the most important predictor of mentor-mentee relationship quality. Thus, discussion of strategies to encourage mentee engagement, and handle silence or mentee reluctance to share problems in sessions, is likely an important area for mentor training and supervision sessions to cover on an ongoing basis.

4.1 Strengths and limitations

The strengths of this study lie in its mixed methods approach to evaluating a cross-age peer mentoring intervention in the UK, including use of standardised measures to assess changes over time in peer mentors' and mentees' mental health, wellbeing, and resilience, and in-depth interviews to explore the lived experience of being a mentor or a mentee. However, our study did not include a control group and there are limits to the degree to which the findings of our study may be generalisable or transferable to other populations, given our small sample size and the fact that our sample contained a much higher proportion of females than males. Previous research has likewise found that females tend to be overrepresented compared to males in samples of mentors, citing reasons such as the degree of fit of a caring role with stereotypical views of masculinity (Cowie, Naylor, Chauhan, & Smith, 2002). Moreover, adolescent males have been found to be more reluctant than adolescent females to seek help for mental health issues (e.g., Clark, Hudson, Dunstan, & Clark, 2018; Lu, 2020), which could explain why fewer mentees in our study were male.

It is important to consider that participants' responses on the questionnaires and in their interviews may have been affected by other factors, such as the time of year of completion. For instance, completing mental health questionnaires around the time of school exams may negatively skew results, as the association with exams and stress has been established and explored in previous research (Putwain, 2009). Thus, future research could seek to triangulate self-report data with outcomes data collected from parents and teachers. There may also have been selection effects present for participants who were involved in the qualitative interviews. For instance, young people who viewed the programme more positively or who had fewer difficulties in life may have been more likely to volunteer to participate in an interview. Future research could also explore the perspectives of parents and programme and school staff through qualitative interviews.

It may be that participant outcomes and qualitative findings were influenced by the intervention design. It is also possible that the questionnaires did not tap into all relevant outcomes for mentors and mentees. For instance, in another UK-based evaluation of a peer mentoring programme, Parsons et al. (2008) found that there was a significant increase in the percentage of intervention coordinators reporting 'other' outcomes for young people at the post-mentoring timepoint, suggesting that the intervention could have had an effect on a wider range of outcomes than had been anticipated at baseline. Thus, future research could also consider using measures that tap into outcomes identified through qualitative research with mentors and mentees about their perceptions of impact.

Our study examined associations between participants' socio-demographic factors and their levels of mental health, wellbeing, and resilience at baseline, finding, for example, that participants of Black ethnicity, participants not eligible for FSM, and participants without SEN status had lower levels of mental health difficulties at the outset of the intervention. However, we did not examine differences in outcomes between the different socio-demographic groups due to small sample sizes. Therefore, future research could also seek to explore whether there are differences in the impact of peer mentoring on the mental health, wellbeing, and resilience of different socio-demographic groups. Moreover, due to missing data, we were unable to include participant academic attendance and attainment data as outcomes in our analysis, and unable to explore the long-term impact of the intervention, which would also be key avenues for future research.

4.2 Conclusions

This study has provided preliminary evidence, using standardised outcome measures, for the positive impact of a peer mentoring intervention delivered in select UK secondary schools on mentees' overall mental health and mentors' sense of participation in school and

home life. The latter can be conceived of as a protective factor contributing to individuals' resilience (Lereya et al., 2016). This study also identified additional areas of impact, beyond those assessed through the measures, from a subsample of qualitative interviews with mentees and mentors. In addition, this study identified the potential mechanisms behind programme impact, including a dosage effect, with higher numbers of sessions attended yielding more positive effects. Other mechanisms behind programme impact, as qualitatively described by mentees, included the importance of having someone to talk to and receive advice from, and for mentors, gaining valuable skills through training and ongoing supervision over the course of the programme.

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