

Effectiveness of an online peer support model: A quantitative study

Shraddha Kumar^{1*}, Simran Kaur², Sanya Dhawan³, Shivangi Khattar⁴,
Ambikesh Sharma⁵

ABSTRACT

Peer support in mental healthcare is “a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement on what is helpful” (Mead, Hilton & Curtis, 2001). Online peer support has evolved rapidly in recent years, as a virtual social space where people come together to get and give information or support, to learn, or to find company (Preece, 2001). The present study aims at exploring the effectiveness of an online peer support model through a quantitative analysis- exploring the experiences of individuals who seek help from such teams, and further understanding if such a model can help in providing the first step for those that need to seek professional support in cases of mental health issues. For the purpose of this study, a quantitative design was used. A feedback survey was created and data was collected randomly from 25 (n=25) participants. The participants of the study were individuals who had reached out for emotional support to the team implementing this model. The data obtained was analysed using descriptive statistics. The results indicated that majority of the participants (56%) discontinued contact with the online peer support team (PST) as they were able to resolve their concern or felt better, while the rest moved on to seek professional mental help, either independently (16%) or with the assistance of the online PST team (28%). The online peer support system helped individuals to address a variety of concerns including anxiety/sadness, self-esteem problems, interpersonal relationship problems and other related issues. Some areas of improvements were suggested by the help-seekers, including prompt responding and support catering to individual differences. More research needs to be done in this area to further comprehend the scope of online peer support in the realm of online counseling, as well as to understand the effectiveness of online peer support as an approach that can be effective as the first step for individuals seeking mental health support in the country today.

Keywords: *Peer Support, Emotional Support, Online Peer Support*

¹Member, Research and Development team, You're Wonderful Project, New Delhi, India

²Member, Research and Development team, You're Wonderful Project, New Delhi, India

³Member, Research and Development team, You're Wonderful Project, New Delhi, India

⁴Head, Research and Development team, You're Wonderful Project, New Delhi, India

⁵Co-Founder, You're Wonderful Project, New Delhi, India

*Responding Author

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The mental health and well-being of people, across different ages, gender, class, culture is a major public health concern. Over 90 million Indians, or 7.5 percent of the country's population of 1.3 billion, suffer from some form of mental disorder, according to the World Health Organization (WHO). According to a study by India's National Institute of Mental Health & Neurosciences (NIMHANS) conducted in 2016, nearly 150 million Indians needed active intervention while fewer than 30 million were getting it. Research has revealed various barriers to seeking treatment, including stigma related to mental health, confidentiality, lack of knowledge of resources, cost, and inaccessibility of services (Booth et al., 2004). Recent trends have seen that growing number of individuals, especially young people are using the Internet to seek help and information regarding mental health (Wetterlin et al., 2014).

Online therapy, also known as e-therapy, e-counseling, teletherapy, or cyber-counseling, involves providing mental health services and support over the internet. This can occur through email, text messaging, video conferencing, online chat, messaging, or internet phone. Online therapy can occur in real-time, such as in phone conversations and text messaging, or in a time-delayed format, such as through email messages. Online therapy has limitations, but it is quickly becoming an important resource for a growing number of consumers. There are a number of reasons why a person might choose an online therapy option, including the convenience and accessibility that this delivery method provides.

There are many reasons why individuals might hesitate to seek traditional face-to-face counseling. Particularly in Asian societies, stigma associated with mental health problems appears to deter many from seeking professional help (Heflinger and Hinshaw, 2010). Studies have also found that Asians are generally not as comfortable with self-disclosure and are less likely to psychologize their problems compared to those from western societies (Kutcher et al., 2009). Given the strength of such cultural barriers, qualities inherent in online counseling such as relative anonymity and physical distance could make it an attractive option for many who would otherwise remain untreated (Chester & Glass, 2006; Rodda & Dan, 2014).

Online therapy offers access to mental health information and treatment to people in urban as well as rural or remote areas. Having to drive long distances and take significant time out of a busy schedule to seek therapy can be a burden on many people in need of help. If you have reliable internet access, online therapy gives you relatively quick and easy access to treatment that might not have been readily available to you otherwise (MacDonell and Prinz, 2017).

Moreover, individuals who are unable to leave their home for various reasons, such as physical disability or mental illness, may find online peer support a useful alternative to traditional psychotherapy settings. Therefore, it helps reduce the impact of stigma (Cohen and Kerr, 2007).

Online therapy is usually fairly affordable and convenient. Since one is attending therapy sessions online in the comfort of home, one can often schedule the sessions for the most convenient times. Therapists who only treat patients online likely have fewer overhead costs such as renting office space. Online therapists, therefore, can often offer affordable treatment options for those who face issues of affordability.

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The absence of face-to-face contact can also prompt clients to communicate more openly without concerns for bias of race, gender, age, size or physical appearance (Griffiths, 2001). This may lead to an increased level of honesty and therefore higher validity in the case of self-disclosure. The internet clearly offers a level of anonymity that is perceived by many users as non-threatening through allowing an 'invisibility' that can be disinhibiting (Dunaway, 2000).

However, concerns about the effectiveness and process of online therapy have also been addressed over time. The lack of face-to-face interaction could increase the risk of misdiagnosis by the therapist (Recupero and Rainy, 2005). Because of this, online therapy is currently deemed inappropriate for diagnosis of clinical issues such as chronic depression and psychotic.

Confidentiality is just as important in online therapy as it is in more traditional forms of treatment delivery. Since information is being transmitted online, the situation makes privacy leaks and hacks more of a concern. Technology problems can also make it difficult to access treatment when you really need it.

Online therapy eliminates geographic restraints, making the enforcement of legal and ethical codes difficult (American Psychological Association, 2012). For example, whether or not it would be legal for a practitioner to provide chat room services to clients in a jurisdiction that is outside their licensed or accredited practice boundary. Since online therapists are distant from the client, it is difficult to respond quickly and effectively when a crisis happens. If a client is experiencing suicidal thoughts or has suffered a personal tragedy, it can be difficult or even impossible for the therapist to provide direct assistance (Foxhall, 2000).

Chester and Glass (2006) further noted that the client receiving online therapy has little or no assurance about the qualification and credentials of their therapist. This exposes the client to the exploitation of inexperienced individuals pretending to be bonafide counselors.

Effectiveness of Online Counseling in the Global Context

In terms of effectiveness, many studies find that online therapy is an efficacious and cost-effective means of resolving problems. In a study assessing the effectiveness of internet-delivered cognitive behavior therapy, it was found that online CBT combined with clinical care was effective in the treatment of depression, anxiety, and illness-related emotional distress. In some cases, the results indicated that some patients actually had better outcomes with online treatment than those who had traditional in-person CBT (Gratzer and Khalid-Khan, 2016).

A study assessing the effectiveness of online therapy for anxiety disorders found that internet-based cognitive-behavioral therapy was just as effective as traditional face-to-face CBT in the treatment of anxiety disorders (Olthuis et al, 2015).

Another review of studies also concluded that online CBT was an affordable and effective option for the treatment of mental health issues (Kumar et al, 2017).

Cook and Doyle (2002) researched a comparison of face-to-face and online counseling using both e-mail and chat and found that working alliance levels demonstrate that the clients felt a collaborative, bonding relationship with therapists. Their analysis reveals that online counseling was as effective as face-to-face counseling. Qualitatively, the clients indicated

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that online counseling was a positive experience and had advantages over face-to-face counseling.

To a large extent, what determines the effectiveness of the therapy is the kind of training received by the counselor. Usually, in online counseling, cognitive and behavioural techniques are the ones that are most often used.

Traditional counseling relies heavily on the characteristics of both verbal and nonverbal cues as a form of communication and as a way of gaining insight into the thoughts, feelings and behaviours around the clients presenting concerns. Online therapy does not give an indication of characteristics such as voice tone, facial expression, body language and eye contact. This can potentially impact negatively on the counseling outcomes as the therapist has no opportunity to observe and interpret such cues (Pelling, 2009). Therefore, the counselor must become skilled in using the written words of the client to infer their perspectives (Wright, 2002).

Collie and colleagues (2000) suggest that to increase the effectiveness of 'writing therapy', certain techniques can be used, such as emotional bracketing (placing important emotional content in square brackets, increased sharing of thoughts and feelings by the counsellor etc). Wright (2002) additionally suggests that using appropriate emoticons and acronyms might help give an indication of emotional cues that are generally missing in online therapy.

With respect to online clients, a study reported that 41% of reported problems were clinical in nature (mood, anxiety, sexual or adjustment disorders), while 22% revolved around relationship issues. (Maheu and Gordon, 2000). Conversely, another study found that relationship issues were the most frequent problem for which clients sought online help, with depression the second most common (Powell, 1998).

Powell (1998) also found that while six sessions per client was the most frequently occurring amount, the average number of sessions per client was three. A study by Efstathiou and Kalantzi-Azizi (2005) suggest that over 60% of those seeking online therapy are women.

A report by the World Health Organisation (WHO) reveals that 7.5 per cent of the Indian population suffers from some form of mental disorder. Mental illnesses constitute one-sixth of all health-related disorders and India accounts for nearly 15% of the global mental, neurological and substance abuse disorder burden. The treatment gap, which is defined as the prevalence of mental illnesses and the proportion of patients that get treatment, is over 70 per cent. We also have the highest rate of suicide in the world between the ages of 15-29. Shockingly, every 3 seconds someone attempts suicide in India. WHO also predicts that by 2020, roughly 20 per-cent of Indians will suffer from mental illnesses. And to cater to this demographic, we have less than 4,000 mental health professionals.

This goes to show that there's absolutely no way that each patient needing first aid for mental health can get it, especially when urgently required. Even more disheartening is that rural India has almost no mental healthcare at all.

In our country, the discovery of a mental illness is often followed by denial and hesitation to seek help. Despite its enormous social burden, mental health remains a taboo subject that is susceptible to age-old stigmas, prejudices and fears. Even though mental disorders can be

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cured or controlled, most people tend to sweep their issues under the carpet and suffer in silence.

These findings implicate the need for a cost-effective, accessible and convenient platform for seeking help for mental illness. Online counseling provides such a platform.

In India, which is still a developing country, the stigma attached with mental illness is a major reason for why people do not seek professional help despite knowing they need it (Thomas, 2018). In addition to the advantages of online counseling mentioned previously, another potential advantage of online counseling in India is that it provides a non-threatening space for people to reach out for help despite the social stigmas that surround seeking professional help.

Peer Support Counseling

According to research, peer counseling has various definitions. Peer counseling can be understood as the provision of support and services to persons of mental illness by individuals who have a current or past experience of mental health problems (Davidson et al, 2006). Peer support is based on the idea that a person who has experience of a mental health problem is better placed to empathise and understand the difficulties and barriers to recovery of another. (Salzer & Shear, 2002). It is a way of relating, responding and helping people, aimed at exploring thoughts, feelings, issues and concerns, with the hope of reaching a clear understanding and making informed decisions.

Peer counselors are trained in communication, listening skills, assertiveness, ethics of peer counseling, issues of confidentiality and breach of it, boundaries regarding helping others, and basic counseling skills. A peer counselor is also trained on when to refer the person to a professional counselor. Though they receive training, they are not certified counselors.

Peer counselors are compassionate guides. They apply knowledge, use specific tools, and follow certain rules to help people get past obstacles and reach their goals. The peer counselor is that individual who has attained experiences, knowledge, and coping skills, to assist others with their related experiences. The goal of peer counseling is directed toward enabling the individual to meet personal needs in order to more fully function and take control of their life, in their home, community and employment. The basic premise behind peer counseling is that people are generally able to find their own solutions to their troubles and their own paths of reaching their goals (Van Kan, 1996).

Peer counseling has many advantages to the client, the counselor and the community. The client is given the opportunity to model after someone whom they have reached out to. They are given the opportunity to develop coping skills that presumably work because they work with the peer counselor they are relating to. They can learn to advocate on their own behalf. Their feelings of self-worth can be enhanced because they have a counselor who truly understands (Sisco, 1992).

The peer counselor gains in feelings of self-worth for they have the opportunity to share a valuable and worthwhile experience. This in turn can motivate the counselor to reach out to others and to perfect their skills. For many peer counselors this position can be a vehicle for career development (Sisco, 1992).

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The present manifestation of organized peer support is successful largely as a result of the mental health consumer movement in the 1970s. Although to some it seems like a new concept, the concept has been in existence for many years and proven to be very worthwhile. Such organizations as the Alcoholics Anonymous, the Canadian Paraplegic Association, parent groups that form to help improve and get involved with school systems, the Cerebral Palsy Association, etc, have demonstrated that consumer-based organizations can deliver important kinds of service. They all use peer support and peer counseling as a feature of their service. They all operate on the premise that: the peer counselor provides a role model; the peer counselor can serve as a link between the person seeking help and the service provider; the peer counselor can draw on a wide range of unique experiences which cannot be observed by anyone else (Sisco, 1992).

In recent years, the notion of peer counseling has spread to low-income developing countries where professional help may be difficult to access for a significant proportion of the population. The presence of effective peer counseling programs can assist in overcoming the barriers of stigmatisation, inaccessibility and unaffordability that are prevalent in developing countries (WHO, 2011).

Helplines run by professionals have begun to supplement the delivery of mental health services in many countries, including India. There is a growing body of literature that suggests that telephone helplines are efficacious in dealing with a range of mental health issues. In developing countries such as India, individuals in need of mental health services remain unserved and unattended, owing to the lack of trained and qualified mental health professionals. Telephone helplines ensure easy accessibility and immediate assistance to people in need. iCALL—The Psychosocial Helpline was set up by the Tata Institute of Social Sciences to address the psychosocial needs of individuals in need of mental health services in India, offering counseling by telephone and by email. The findings suggest that telephonic counseling is an effective method of counseling and can become a substitute for face-to-face counseling for people for whom the latter remains inaccessible. The findings also suggest that many of the process skills required for effective face-to-face counseling are required in telephone interaction as well (Sriram, Joshi & Sharma, 2016).

A study evaluating peer-led therapy quality assessment in Goa, India highlights that psychological treatments delivered by lay therapists, with little or no previous mental health training, have been shown to be effective in treating a range of mental health problems in low- and middle-income countries. The study highlights that lay therapists can be trained to effectively assess each other's therapy sessions as well as experts, and that peer-led supervision is acceptable for lay therapists, thus, enhancing the scalability of psychological treatments in low-resource settings. (Singla and colleagues, 2014).

In conclusion, online counseling offers many advantages as compared to traditional face to face counseling. It provides an affordable and accessible platform for therapy to individuals in developing countries. When carried out in an ethical manner by trained professionals, it can be said that online therapy is as efficacious as face-to-face therapy. Use of certain writing techniques can further help facilitate positive outcomes in online therapy. However, it should be noted that additional research is needed in these areas.

Present Study

The model of the organization is a step-model approach whereby services are provided to schools, and peer support groups are available for college students, following a more

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specialized group of the Online Peer Support team (PST). Finally, the cases that require more attention and regular treatment are recommended to professional psychologists and/or psychiatrists based on the need of the case. The Online Peer Support Team specifically uses probing questions, in order to explore the issues the help seeker is facing, in addition to helping them destigmatize the concept of seeking professional support. The training that the online PST undergoes includes a series of workshops provided by licensed counseling and Clinical Psychologists that provide workshops on topics like 'Forming Rapport', 'Following up with Cases online', 'Identifying common Mental Health Disorders', 'How to provide Crisis Intervention Care Online', etc. The paper is specifically focusing on further understanding the effectiveness of this approach through the use of feedback surveys taken randomly from individuals who reached out to the team through different online media.

Rationale of the current study

The western world has conducted a lot of research on online counseling, as well as furthering the understanding of online peer counseling. However, we are yet to conduct better research in developing countries like India, on the same. This current study aims to contribute to the knowledge-base of understanding online peer support through and exploring the experiences of individuals who seek help from such teams, and further understanding if such a model can help in providing the first step for those that need to seek professional support in cases of mental health issues.

Objectives

The objectives of the present study were:

1. To explore the effectiveness of an online peer support model by exploring the experiences of individuals seeking help from the team providing such a system of support.
2. To understand the current role that online peer support systems play in comparison to online video counselling, as well as in-person counselling approaches that are organized by professionals.

METHODOLOGY

A structured questionnaire was designed for the purpose of the study, consisting of 21 open and close ended questions, designed to capture the help seeker's satisfaction with the help team. The designed questionnaire was randomly sent to 30 ($n=30$) individuals who had contacted the online PST team in the past, via a google forms link. Individuals were approached through the social media platform with they had originally used to contact the help team, and included e-mail, Instagram and Facebook. Participants were assured that their responses would remain confidential and that their identifying information would not be revealed to anyone. Further, it was emphasised that participation in the study was completely voluntary.

RESULTS

A total of 25 ($n=25$) individuals responded to the questionnaire that was sent to the help-seekers. The demographic details represent that majority of the individuals who replied were female (63%), 28% were male while 4% chose not to answer. The participants age ranged between 15-27, with the average age being 21. The participants represented 3 countries, India ($n=23$), Uganda ($n=1$) and Canada ($n=1$). Majority of the participants were resided in metropolitan cities, principally Delhi and Mumbai. The participants had been users of the online peer support team's services as recently as March 2020 to a couple years ago, in

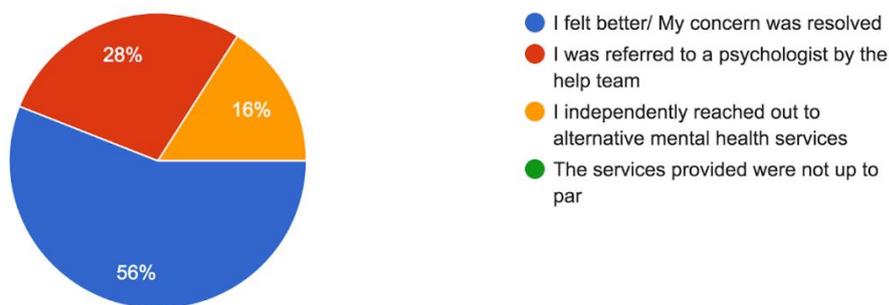
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2016. The duration of contact with the team also varied for the participant, ranging from 30 minutes to 8-9 months. The average duration of contact was about 1 week.

Majority of the participants (56%) discontinued contact with the Online PST as they were able to resolve their concern or felt better, while the rest moved on to seek professional mental help, either independently (16%) or with the assistance of the team (28%).

3. What was your reason for discontinuing contact with the help team?

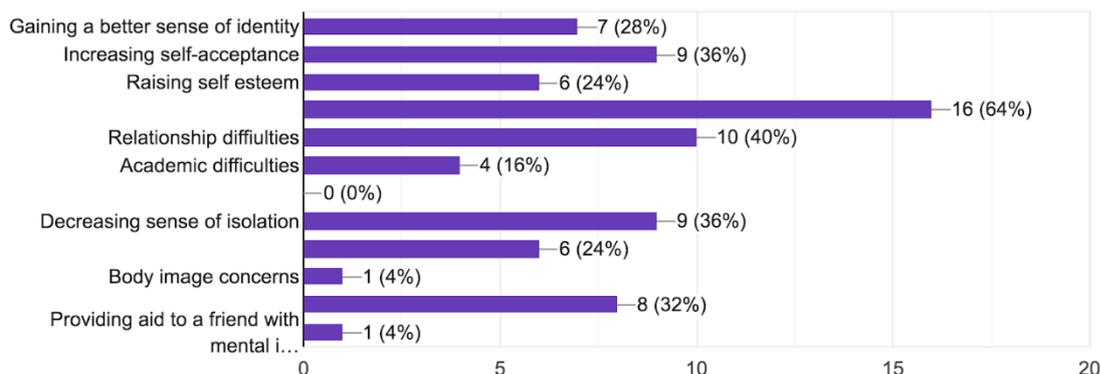
25 responses



The online PST assisted individuals with a broad variety of concerns. The breakdown of the most common concerns is represented in the chart below:

15. Which, if any, of the following do you feel the help team assisted you with?

25 responses



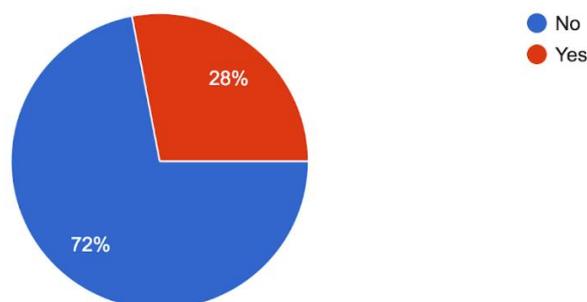
Thus, helping individuals cope with feelings of sadness/anxiety was the most common area for which individuals required assistance (64%) followed by relationship difficulties (40%). Apart from dealing with concrete issues or symptoms, a considerable number of individuals (36% and 28% respectively) cited an increased sense of self-acceptance and gaining a better sense of identity as an area the help team assisted them with.

Out of the individuals contacted, 28% were referred to mental health professional by the online PST.

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19. Were you referred to a mental health professional by the help team?

25 responses



The average rating for these referrals was 3.8 on a likert scale of 1-5, with 1 being least useful and 5 being very useful. This indicates that referrals were perceived as being moderately useful.

With regard to the quality of services, participants were asked to identify the major pros and cons of their interaction of working with the online PST. The most commonly reported positives were that the participants felt supported and listened to, as well as prompt replies. For instance, one participant wrote,

“Just the fact that you could tell that they cared. It felt really nice when they would check-in with me after a week because it made me feel like somebody really was there even when I wasn’t there to reach out first. And also since I was seeking help for a friend it was really considerate that they asked how I was feeling and they reminded me to make sure I was keeping care of myself so that I could help out my friend even more. It just felt like they really cared about what I was saying and listened and really wanted everything to get better.”

Conversely, the major areas of improvement cited were the need for more prompt responses as well as facilitating greater access to professional and online resources. While the team works in a largely supportive capacity, few of the participants expressed a desire for more proactive intervention. In the words of one participant,

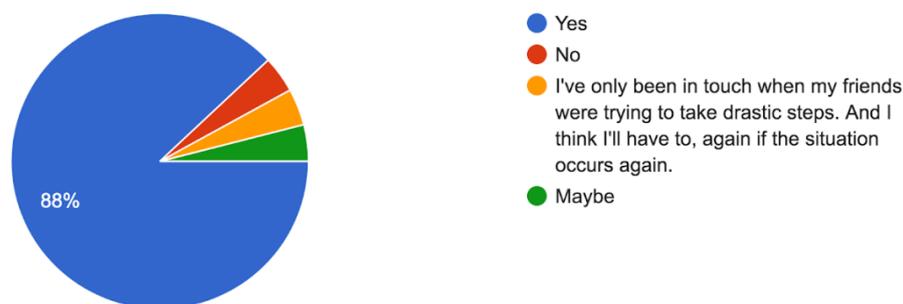
“May be working over my thinking aspect and guiding over to my own conclusion would be a lot helpful than giving suggestions because it doesn't work the same for everyone.”

Overall, 88% of the respondents stated that they would reach out to the online PST again if they faced mental health concerns, as depicted in the chart below. Further, 100% of participants responded that they would refer their friends to the team if they faced mental health concerns.

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16. Would you reach out to YWP; again if you faced mental health concerns?

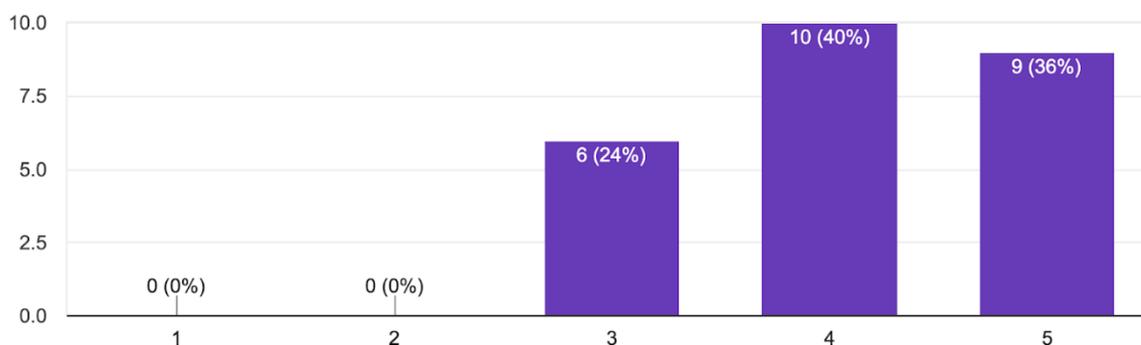
25 responses



At the end of the questionnaire, participants were asked to rate the overall perceived effectiveness of services on a likert scale, with 2 being least effective and 5 being most effective. A summary of responses is provided below:

21. Overall, how effective did you find the services provided by YWP;?

25 responses



Thus, on average, most people expressed above average levels of satisfaction with online peer support team service, with the average level of satisfaction being 4.1. Further, 100% of the participants found the team's services safe and accommodating, indicating that majority of participants have a positive appraisal of the team's services.

DISCUSSION

The aim of the present study was to explore the effectiveness of an online peer support model by exploring the experiences of individuals seeking help from the team providing such a system of support. A total of 25 help-seekers from this online peer support system responded to the feedback survey which aimed to analyse the model from various aspects. Overall, the results indicate a largely positive perception about online peer support within the area of online counseling. These findings are in line with the existing research in the field of online counseling. The online PST assisted help-seekers in coping with a range of concerns, including anxiety, relationship problems, body image concerns, low self-esteem and other related issues.

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A large variety of issues have also been successfully covered under the peer counselling approach, indicating that online therapy and peer counselling can be adapted to suit a broad range of concerns. For most of the participants, the promptness of the response was one of the most favourable aspects of online peer support system. This highlights one of the unique advantages of online therapy, since it is convenient and easily accessible. It is also noteworthy that people who were dissatisfied with the services received cited delays in replying as one of their reasons. This further underscored that receiving prompt replies is central to the perceived effectiveness of online counselling.

Another aspect of the online peer counselling approach that help-seekers appreciated was that they felt listened to. This indicates that Carl Rogers core therapeutic conditions of empathy, unconditional positive regard and genuineness can be found in an online peer counselling approach and are perceived to be effective.

One area that merits further exploration is providing effective referrals for mental health professionals in peer-counselling so that adequate professional help is received by the help-seekers for the issues being faced by them and in prompt time.

Thus, the online peer support team has been working in an efficient manner by providing a first step towards- access to mental healthcare services (by just a message away on one's devices), as people residing outside India have also been able to reach out for support; and awareness regarding existence of such services which can provide a safe-space for addressing their personal concerns and beginning the recovery process or coping with day-to-day challenges.

CONCLUSION

With the findings of the present study, it can be concluded that online peer support system can prove to be an effective avenue in the area of online counseling for providing access to mental healthcare services. Online peer support team members provide a sense of support and understanding through effective communication parameters of empathetic listening and prompt responding. The system can also provide further points of contact for receiving professional help in mental health concerns. In the overall context of online counseling, with adaptations in a more proactive and sensitive approach towards individual differences, this system of peer support can remain pivotal.

Limitations and Suggestions for future research

In the present research, the sample size was considerably not large enough to provide fundamental findings. Further, most participants resided in metropolitan cities, thus raising question on if the online peer support is reaching to individuals residing in other areas outside cities. Also, a lot of research needs to be done in this area to understand role of online counseling worldwide and a developing country like India, and particularly to understand where does online peer support fall in this scope of online counseling.

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Conflict of Interest

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