

Role of Peer Support Groups in Managing Stress and Trauma in Humanitarian Settings during the COVID-19 Pandemic: A Case Study in Venezuela

Miriam Agnes Yu¹, Karel Karsten Himawan^{1,2*}

¹ Faculty of Medicine, The University of Queensland, Brisbane, Australia

² Faculty of Psychology, Universitas Pelita Harapan, Tangerang, Indonesia

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Abstract:

This study aims to investigate the role of peer support in managing stress and trauma during the COVID-19 pandemic in humanitarian settings through a systematic review of existing literature and review of grey documents from field sources. This review seeks to draw information emphasizing the role of peer support initiatives in humanitarian settings, including the availability (or lack thereof) of literature based on the field work and clinical experience. Data on the role of peer support in humanitarian settings during the pandemic and findings were extracted, and the papers were assessed using MMAT to ensure validity and manage the risk of bias. Findings suggest that peer or social support serves as a key protective factor and buffer against psychological distress caused by the COVID-19 pandemic. Organizations implementing programs in humanitarian settings could focus on programs that enhance coping strategies and provide or strengthen psychosocial support programs, particularly for vulnerable groups and communities. While most attention tends to be drawn toward the medical aspect in mitigating the pandemic impact, the study provides insights on improving mental health aspects by highlighting the imperative role of peer support in managing stress and trauma.

Keywords: COVID-19, humanitarian settings, peer support, social support, stress, trauma, Venezuela.

新冠肺炎大流行期间同伴支持团体在管理人道主义环境中的压力和创伤方面的作用：委内瑞拉的案例研究

摘要:

本研究旨在通过对现有文献的系统回顾和对现场来源的灰色文件的回顾，探讨同伴支持在人道主义环境下的新冠肺炎大流行期间管理压力和创伤中的作用。本综述旨在获取强调同伴支持举措在人道主义环境中的作用的信息，包括基于现场工作和临床经验的文献的可用性（或缺乏）。提取了有关大流行期间同伴支持在人道主义环境中的作用的调查数据，并使用 MMAT 评估了论文，以确保有效性并管理偏见风险。研究表明，同伴或社会支持是关键的保护因素和缓冲因素，可以抵御新冠肺炎大流行造成的心理困扰。在人道主义环境中实施方案的组织可以重点关注加强应对策略并提供或加强社会心理支持方案的方案，特别是针对弱势群体和社区的方案。虽然大多数注意力往往集中在减轻大流行影响的医疗方面，但该研究通过强调同伴支持在管理压力和创伤方面的重要作用，提供了改善心理健康方面的见解。

关键词: 新冠肺炎、人道主义环境、同伴支持、社会支持、压力、创伤、委内瑞拉。

1. Introduction

Coronavirus disease 2019 (COVID-19) is a highly contagious disease caused by SARS-CoV-2 and was declared by the World Health Organization (WHO) as a pandemic in March 2020 (Lone & Ahmad, 2020). The pandemic greatly affected people's overall mental health and well-being, while the economic implications have contributed to an extensive traumatic experience in numerous populations (Suresh et al., 2021; Rudenstine et al., 2021). Accordingly, mandated lockdowns and physical distancing have contributed to increased anxiety, depression, and other mental health concerns. The pandemic and societal control measures have intensified issues related to social environmental factors of health, thereby triggering long-term effects on mental health (Bernardini et al., 2021). The complex interfaces between the COVID-19 pandemic, poor social conditions, and inequalities in terms of mental health services resulted in distressing health, economic, and social concerns. Few months after the onset of the COVID-19 pandemic, studies documented the prevalence of stress along with anxiety and depression among the general population. The spread of COVID-19 resulted not only in biological issues but also in mental health concerns, hence the need to provide mental health interventions that can improve the psychological functioning of vulnerable groups (Salari et al., 2020). Hossain et al. (2021) noted that the pandemic social isolation measures triggered an increase in suicide, family violence, and low work efficiency. Consequently, this contributed to the increase in the prevalence of stress and trauma cases in the country. The authors inferred that the government and other non-government organizations play an important role in ensuring the mental health and well-being of individuals. They also argued that awareness raising, promoting improved health care, better collaboration among stakeholders, and psychosocial and bereavement counseling could help alleviate the conditions of people who suffered from stress and trauma triggered by the pandemic.

Although several studies have described the importance of peer support in managing mental health

concerns, the focus on humanitarian settings where COVID-19 was reported to exacerbate the current socioeconomic and mental health crisis experienced by the general population is limited (Vagharseyyedin et al., 2018; The United Nations Children's Fund, 2018; Horn, 2020; Hechanova et al., 2022; Fisher et al., 2020; Agarwal et al., 2020). It is in this regard that the present study is undertaken.

The aim of this study was to investigate the role of peer support in managing stress and trauma during the COVID-19 pandemic in humanitarian settings through two sources: a systematic review of existing literature and a review of gray documents from field sources with a focus on the Venezuelan context. This review seeks to draw information highlighting the role of peer support initiatives in humanitarian settings as well as the availability (or lack thereof) of literature based on fieldwork and clinical experience. The use of gray literature was utilized to expand the search and include relevant information from the field to improve the comprehensiveness of the study.

The geographical focus on Venezuela has two considerations. First, Venezuela has been confronted with a severe economic crisis since 2010 due to political instability and deteriorating oil income while significantly impacting public health provision (Grillet et al., 2019). Due to worsening violence, insecurity, and threats aggravated by lack of food, medicine, and essential services, more than one million Venezuelans at an approximate rate of 35,000 persons per day are estimated to have fled the country by crossing the border to move to Colombia (Perera et al., 2020). This dire economic and social crisis, resulting in a complex humanitarian emergency and an unprecedented economic recession, makes Venezuela the world's second largest refugee crisis after Syria (United Nations High Commission for Refugees, 2023). Second, COVID-19 has aggravated the humanitarian situation in Venezuela. The International Federation of Red Cross and Red Crescent Societies (2021) identified mental health of the population as a significant concern during the pandemic, manifested by a rise in suicide rates and mortality among children and young people caused by

violence. Mental health concerns such as fear, anxiety, exhaustion, distress, and depression have been widespread and caused by difficult living conditions for a prolonged period, whereas other individuals who experienced isolation had an overwhelming negative psychological effect. Moreover, the quarantine measures resulted in reduced socioeconomic activities, particularly formal employment opportunities. The pandemic also affected Venezuelans' well-being and triggered an increase in the need for mental health and psychosocial support (United Nations Office for the Coordination of Humanitarian Affairs, 2022).

Although this study will have a particular focus on Venezuela, the discussion could inform other low-income and humanitarian settings that have scant resources and often rely on non-government organizations' mental health and psychosocial support programs that utilize task-shifting or task-sharing approaches in delivering mental health interventions to affected and vulnerable populations (Perera et al., 2022, p. 2). In addition, the provision of mental health services in humanitarian settings during the COVID-19 pandemic has been hindered by the lack of mental health professionals, resources, and access to general health services. Peer support may provide opportunities to address these concerns by enhancing mental health support and bridging the gap triggered by social isolation.

1.1. Peer Support and the COVID-19 Pandemic

Peer support is defined as a mechanism of providing and accepting assistance based on fundamental values such as respect, shared responsibility, and mutual agreement on what could provide support. It is empathically understanding everyone's (in the group) predicament by sharing emotional and psychological experiences (Mead et al., 2001). The Center of Excellence in Peer Support Group (2014) mentioned several forms of peer support, including one-on-one intervention or intervention in a group, led/facilitated by volunteers or paid employees, peer-led or facilitated by a health professional (for example, a psychologist or psychotherapist), conducted in person, on the phone, or via the internet, through workshops or social activities, and in ad hoc or ongoing formats. Richert (2018) mentioned an increasing trend globally to implement peer support services within addiction and mental health services and that despite current challenges, considerable sectors of the contemporary literature support the inclusion of peer support workers in the mental health care workforce. Accordingly, with concerted efforts and ongoing assistance and engagement from all health care practitioners, managers, and other stakeholders, the feasibility and maintenance of strong peer support services in health care would be achievable.

Peer support could be an important recovery intervention for patients with mental health conditions.

A study on the effectiveness of peer support groups in psychosis revealed that by improving their social network, peer support can be of value in helping people with psychosis (Castelein et al., 2008). Peer support groups with a problem-based method could be a valuable and comparatively low-cost tool in ameliorating (work-related) stress and burnout, as revealed in a randomized controlled trial study that tested the effect of participating in a reflecting peer support group on self-reported health, burnout, and perceived changes in work conditions (Peterson et al., 2008).

The role of peer support in helping individuals cope with stress and trauma could be beneficial. Interventions focused on the use of peer support may reduce the impact of stressors and social isolation, promote self-management, and increase health information for participating individuals. It could also encourage positive role modeling and enable peer group members to share common experiences that may promote a sense of empathy within the group (Vagharseyyedin et al., 2018). The United Nations Children's Fund Operation Guidelines for Community-Based Mental Health and Psychosocial Support in Humanitarian Settings (The United Nations Children's Fund, 2018) articulate that peer-to-peer support aids in building social connections, imparts social skills such as reciprocity and empathy, and provides beneficiaries with the opportunity to learn helping skills and contribute to larger recovery efforts. These social connections are important for mental health and well-being, particularly in promoting recovery from stressful situations (Horn, 2020).

In humanitarian emergencies, the risk of developing mental health problems is much higher considering that populations affected by conflicts and crises frequently suffer from various severe and inter-related risk factors such as being exposed to violence, loss of their homes, livelihoods, material belongings, and community or social support systems. In addition, they may also lose or become separated from their loved ones. Comparably, managing stress and trauma during the COVID-19 pandemic could be more challenging in humanitarian settings. The World Health Organization (2021) reported that in humanitarian settings and emergencies, the populace has suffered from adversities, loss, and other additional stressors caused by poverty and discrimination, among others. COVID-19 has exacerbated the socio-economic and health crisis where the existing deficiencies of the health system, widespread limited access to water in hospitals and residences, and overcrowding in public areas including public transportation have led to the rapid spread of the disease. The World Health Organization further noted that COVID-19 resulted in a high prevalence of anxiety, fear, and hardships while the population faced adversity on multiple fronts, which increased their risk of developing mental health conditions. Approximately all

individuals affected by humanitarian emergencies also experience mental health distress, with 20% likely to have mental health issues that include depression, anxiety, post-traumatic stress disorder, bipolar disorder, or schizophrenia (World Health Organization, 2021).

1.2. Research Objectives and Questions

The existing literature posits that by leveraging an individual's strength and lived experience, peer or social support can be an effective mechanism in improving mental health, particularly in managing stress and dealing with traumatic experiences during the COVID-19 pandemic. This systematic review of the literature and document review, therefore, answered the following research questions:

1. What is the role of peer support in managing stress and dealing with trauma caused by the COVID-19 pandemic in a humanitarian setting, particularly in the Venezuelan context?
2. How responsive is peer support to the needs of community members under stress and managing traumatic experiences?
3. What are the perceived challenges in using peer-to-peer social and emotional support to ameliorate mental health conditions, particularly symptoms of stress and trauma, during the pandemic?

2. Methods

2.1. Study Design

This study is qualitative and investigates how peer support contributed to the outcome of interventions designed for community members experiencing stress and trauma in a humanitarian setting. This was achieved through a systematic review of the literature and document review from field sources. Qualitative, quantitative, mixed methods studies, and gray literature were included in this review. The systematic review involved inquiry of articles in a systematic manner, assessment, and synthesizing evidence of research in conformity with a specific protocol (Grant & Booth, 2009). Preferred Reporting Items for Systematic Reviews and Meta-analysis Protocols (PRISMA-P) was used for the critical appraisal of published systematic reviews (Moher et al., 2009).

2.2. Search Procedure

An extensive search of the published literature for January 2020-July 2022 was undertaken using the electronic databases PubMed, Embase, and PsychINFO. The search strategy included the terms "peer support," "COVID-19," and "humanitarian settings." In this

systematic review, specific criteria were applied to determine the inclusion and exclusion of articles. Articles included in the analysis must meet the following criteria: 1) peer-reviewed articles, 2) published in English between January and July 2022, 3) focus on peer-support initiatives and mental health issues in humanitarian and emergency settings. Abstract-only papers, conference papers, editorials, theses, books, and articles without available full texts were excluded from the analysis.

The database search did not yield published studies focused on the Venezuelan context; hence, the search was expanded to gray literature. Consultation with an international non-government organization (I-NGO) was conducted to enquire and gather relevant program documents. The selection of program documents focused on mental health and psychosocial support initiatives in the country that were written in English. The program documents included in this review are the current versions and were published between January 2020 and September 2022.

2.3. Data Processing and Analysis

The data processing was performed in accordance with the PRISMA Protocol. PRISMA-P includes important stages of a systematic review that include information about the authors, co-authors, addresses, memberships, and other updated versions of a preceding systematic review (Moher et al., 2009). Initial screening across databases was performed using Covidence, data management software used in systematic reviews (Babineau & Shi, 2014). Despite Campbell and Cochrane Collaboration (2018) requirements that inclusion of study and coding decisions should be done by at least two reviewers, this study was conducted by a single researcher considering the timing and availability of human resources. However, the research conducted several assessments to ensure thorough review to limit biases in consultation and close collaboration with the research supervisor.

The first step involved title and abstract screening, followed by full text screening and finalization of the selection. In evaluating study quality, the study employed the Mixed Methods Appraisal Tool (MMAT) to determine the internal and external validity of existing studies (Hoy et al., 2012). The data on the role of peer support, description of the population, design, measures, findings, and the author's conclusion were extracted, and the papers were assessed with respect to research quality using the MMAT. Figure 1 shows the process undertaken for the analysis.

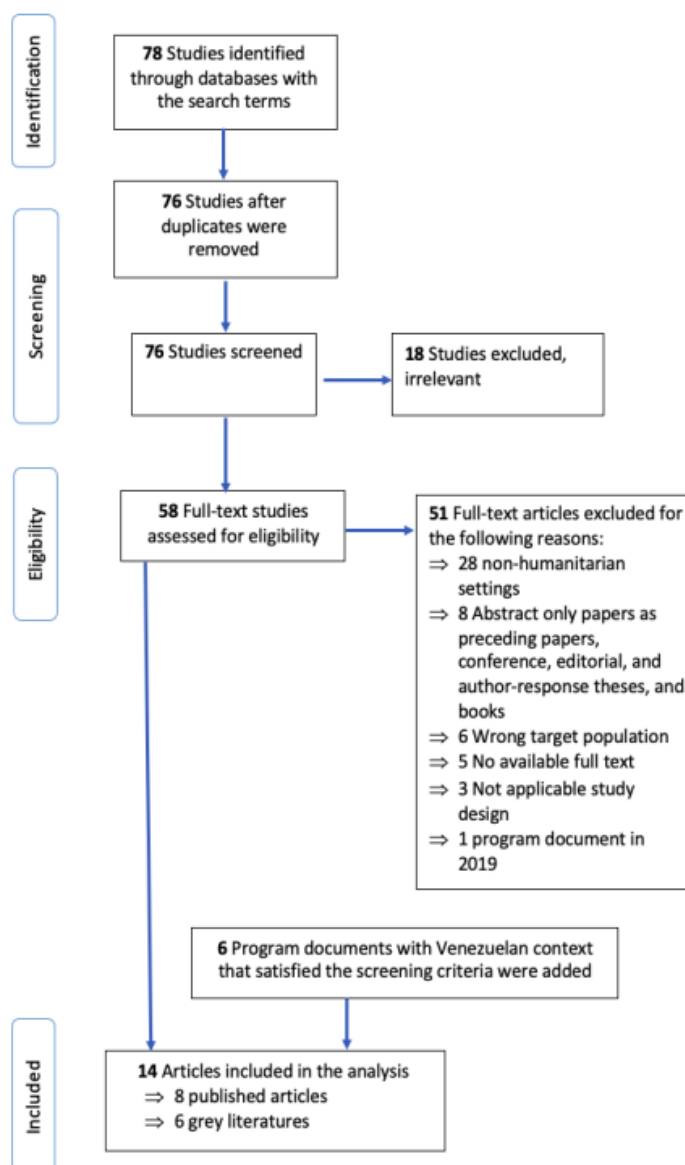


Figure 1. PRISMA flowchart

3. Results

Seventy-eight published papers were identified after screening in which two duplicates were removed. Eighteen studies that did not meet the inclusion criteria were excluded. During the assessment of full-text eligibility, 51 studies were excluded. To expand the search to include literature focused on Venezuela, six program documents from Organization X, a humanitarian organization in Venezuela, were added. The studies included in the final review are one qualitative study, six quantitative studies, one article that employed mixed methods, and additional six gray literature pieces. In total, 14 articles were included in the final review.

In most articles reviewed, social support was the most used term; however, in this study, peer support will be used interchangeably with social support. The succeeding discussions will include themes that emerged in the review, such as peer support as a protective factor against mental health concerns and

peer support as a buffer against the adverse effects of COVID-19. The role of peer support in the Venezuelan context is also provided together with risk factors or challenges and opportunities related to the role of peer support in managing mental health concerns.

3.1. Peer Support as a Buffer against the Adverse Effects of COVID-19

Community social support alleviates psychological concerns indirectly, mitigates the negative effects of pandemics, and can reduce anxiety and depression in the community (Torkian et al., 2020). There was a negative correlation between social support and risk perception, but the former was positively correlated with anxiety.

3.2. Community Networks as Effective Peer Support in Venezuela

The humanitarian organization in Venezuela implemented intervention strategies in communities,

where individuals and groups were provided a safe space for sharing emotional concerns, promoting empathetic listening and strengthening support networks. Based on the organization's experience, they noted that community networks, along with focused non-specialized and specialized services and strengthening family initiatives, allowed more people within the community to benefit from improving their psychosocial well-being. Accordingly, it increased resilience, enjoyment of rights, and dignified life and welfare. It helped community members acquire psychosocial skills to care for the needs of others and improve help-seeking behaviors. The peer support group program for adolescents promoted resilience and well-being and helped in mitigating risk factors. Moreover, peer support services helped create social support networks that enhanced access to psychosocial services (World Health Organization, 2021).

The above description of the role of social support in an individual's mental health amidst the pandemic suggested that humanitarian organizations and government entities should ensure that in responding to the pandemic, initiatives should consider strengthening social support to best address the needs of the populace as well as refugees during the COVID-19 pandemic.

3.3. Perceived Challenges and Opportunities

There are challenges or risk factors that trigger stress-related concerns caused by COVID-19. These are resource loss including being in debt and unemployment; discrimination, particularly against refugees and migrants; lower education level, perceived psychological stress, stress-related factors, and coping styles that are less active and more passive during the pandemic (Yang et al., 2020; Yu et al., 2020). Among these, discrimination was considered a key risk factor for migrants' and refugees' mental health, especially during COVID-19. During the pandemic, limited socialization and physical interaction also became a barrier to gain support from peers, friends, and family members, thereby resulting in harmful effects on individuals (Torkian et al., 2020). According to Torkian et al. (2020), the amount of social support varies by countries and cultures. Social support and adjustment are noted to be low in individuals with low income and education. During COVID-19, individuals in their covered areas in Venezuela became worried about becoming a burden to the other person with their concerns, which negatively affected help-seeking behaviors. Adolescents, for example, lacked trust in peers or other individuals who could provide mental health support. Program implementers in the covered areas also mentioned that the worsening situation with the COVID-19 pandemic and lockdown measures posed challenges in the implementation of community activities, including peer support initiatives.

Yang et al. (2020) and Yu et al. (2020) highlighted

that the younger, females, the unmarried, and those who reported lower social support and/or indicated a negative coping strategy were more vulnerable to intense emotional and mental stress in the early stages of the pandemic. This could be attributed to their eagerness and efforts to discover details about the pandemic, which increases anxiety and psychological distress. Moreover, unmarried individuals experienced higher psychological distress during the COVID-19 outbreak because they did not receive support from a spouse or family (Yu et al., 2020). It would be interesting to note whether this observation is still true as the pandemic progressed. Post-pandemic research may help address this concern. Social support during the pandemic was also reported to be disadvantageous, particularly in the community's social structures, such as places of worship, schools, and workplaces. Accordingly, social support through these entities disintegrated because of the imposed lockdowns. The collapse of these social assemblies caused isolation and increased vulnerabilities (Torkian et al., 2020).

In terms of opportunities, Yu et al. (2020) noted that linking individuals with others for provision and receipt of online peer support can strengthen well-being as feelings of loneliness and isolation were common during the pandemic because of the imposed lockdowns. Regular interaction with friends and family through video or phone calls may have improved the level of social support. Yu et al. (2020) also noted that positive coping mechanisms and improved social support significantly contributed to reducing psychological concerns. This implies a need to equip the general populace, particularly those directly impacted by the pandemic, with active coping mechanisms along with improvement of help-seeking attitudes and maintaining social support. The development of peer support programs could help parents and caregivers improve ways to support their families and relatives in social care, functioning in daily life, stress reduction, and problem-solving during the pandemic and ensure support and development of those with mental health conditions.

4. Discussion

The present study aimed to investigate the role of peer or social support in managing symptoms of stress and trauma during COVID-19 in humanitarian settings. This review of literature revealed that peer support served as a protective factor and buffer in managing stress and trauma symptoms and other mental and psychological concerns, including depression, anxiety, and other psychological distress. This is applicable in a humanitarian program in Venezuela where a peer support program was reported to have helped parents and caregivers to support their families and relatives in social care, improve daily functioning, reduce stress, and enhance problem-solving skills. The peer support

initiative also ensured the support and development of people with mental health conditions.

With regard to the responsiveness of peer support initiatives, the reviewed literature noted that social support helped protect individuals from stress, regulate anxiety through risk perception, and generally alleviate psychological distress. Yang et al. (2020) and Yu et al. (2020) also noted that positive coping strategies and enhanced social support were attributed to lower psychological distress; hence, it could be a good psychological intervention in the early stage of a pandemic. These findings are consistent with previous literature reviews stating that peer support is a critical recovery intervention for people with mental health conditions, particularly those experiencing stress and trauma-related symptoms (Castelein et al., 2008; Vagharseyyedin et al., 2018). The findings also support Hechanova et al.'s (2022) notion that social support plays a crucial role in developing adaptive coping in individuals. One notable finding in this review is that religiosity may serve as a protective factor for mental health, which reinforces previous studies outlining religion as a protective factor for mental health (Gearing & Alonzo, 2018). A further study on this aspect would be worth exploring as it could provide a basis for further supporting religious organizations in providing psychosocial support and mental health services in vulnerable communities.

Miranda (2020) stated that the pandemic worsened the socioeconomic and displacement crises experienced in most humanitarian settings, particularly in Venezuela. Since peer support has played a critical role in reducing mental health concerns of individuals and groups during the pandemic, as espoused in the reviewed articles, humanitarian organizations could include psychosocial support sessions with stress management and coping strategies and strengthen peer support networks to address the needs related to stress and emotional distress.

This systematic review has several limitations that may have led to bias. First, the study selection, review, and data extraction were performed by only one reviewer due to time constraints. Second, this study focuses on Venezuela. However, due to a lack of articles focused on Venezuela, the gray literature only included program documents from an I-NGO implementing mental health programs in four Venezuelan states. Therefore, the information mentioned in this study does not fully represent the country's situation. Lastly, as the articles included were limited to the English language, studies in Spanish that may have relevant information on Venezuela were not included.

5. Conclusion

The data suggest that peer support has played an important role in managing the symptoms of stress, trauma, and other psychological distress caused by the COVID-19 pandemic. Peer support appears to serve as

a protective factor and buffer against mental health concerns. Challenges and/or risk factors such as resource loss, discrimination, and low positive coping mechanisms trigger psychological concerns of people in humanitarian settings. Hence, governments and health and humanitarian organizations in these settings should enhance and improve the accessibility of peer support initiatives for vulnerable groups within the community. In addition, in designing psychosocial support programs, policymakers and development planners should leverage existing community networks and support groups, including religious organizations. These existing social structures have proven helpful in making people feel that they are heard, understood, and supported, especially in times of crises and pandemics. In addition, organizations implementing programs in humanitarian settings could focus on programs that enhance coping strategies and provide or strengthen psychosocial support programs in communities through in-person or online interventions.

6. Limitations and Further Study

The focus of this study was on humanitarian efforts in Venezuela during the COVID-19 pandemic. The role of peer support in managing stress and trauma may differ in other countries and settings and should be subject to further scholarly examination.

This study examined stress and trauma in humanitarian contexts, with a specific emphasis on COVID-19, a global pandemic caused by a novel virus known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The identified interventions and findings of this study are poised to make a significant contribution to the literature, especially with regard to improving healthcare, particularly in the area of mental health, in response to the global pandemic. More in-depth empirical studies are needed regarding the role of peer support in humanitarian settings, especially in the Venezuelan context.

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Authors' Contributions

The first author proposed the study scope, performed the data search and analysis, and wrote the manuscript. The second author conceptualized the study scope and focus and supervised the study methods, analysis, findings, and interpretation of the results.

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