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ANONYMOUS PEER-TO-PEER MOBILE SUPPORT FOR STUDENT AND STAFF MENTAL HEALTH: A MIXED-METHODS FEASIBILITY STUDY OF A UNIVERSITY-BASED APPLICATION

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ABSTRACT

Mental health difficulties among university students and staff are widespread, yet stigma and limited accessibility continue to prevent many affected individuals from seeking support. This study evaluates the feasibility of Talley, a mobile application designed to connect users anonymously with trained “listeners” who provide peer-based emotional support. Using a cross-sectional survey design, data were collected from 130 respondents (109 students and 21 staff members) at a UK university via a self-administered Qualtrics questionnaire, supplemented by a comparative analysis of ten existing digital mental health platforms. Results show that 70.6% of students and 52.4% of staff had experienced mental or emotional distress affecting their studies or work, while over 80% of both groups indicated they would use an anonymous support application if it were freely accessible. A majority of respondents (66.7–70.6%) also expressed willingness to train and volunteer as peer listeners. Comparative analysis revealed that few existing platforms combine full anonymity with 24-hour accessibility and trained peer support, representing a viable market opportunity. The findings support the development of anonymous, institutionally-endorsed peer support tools as a low-cost complement to formal counselling services, while highlighting the need for sustainable funding models, volunteer recruitment strategies, and robust safeguarding protocols.

Keywords: Mental Health; Stigma; Mobile Health Application; Peer Support; Anonymity; University Students; Higher Education

1 INTRODUCTION

Mental health has become a prominent public health concern over the last decade, with growing recognition of its influence on family life, occupational performance, and personal development (Dobson et al., 2021). University communities are particularly affected: students face academic pressure alongside the demands of social and financial life, while staff experience occupational stress, anxiety, and, in some cases, impostor syndrome (Taylor et al., 2005). Despite the prevalence of these difficulties, stigma remains a powerful deterrent to help-seeking, and more than 80% of people experiencing mental illness worldwide do not receive treatment (Latha et al., 2020).

Digital and mobile health technologies have emerged as a means of narrowing this treatment gap by offering accessible, confidential, and scalable alternatives to traditional face-to-face services (Ross et al., 2015). This paper reports a feasibility study conducted on behalf of Talley App Limited, a start-up developing a mobile platform (“Talley”) that connects users anonymously with peer “listeners” — individuals with either lived experience or specific training — for real-time emotional support. The study addresses three problems identified by the company: (i) stigma surrounding help-seeking, (ii) accessibility of support services, and (iii) the identification and training of suitable peer listeners.

The specific objectives of the study were to: (1) assess the extent and nature of mental health challenges among students and staff; (2) evaluate willingness to use an anonymous, app-based support service; (3) assess willingness to volunteer and train as peer listeners; and (4) benchmark Talley against existing competitor platforms to identify a differentiated market position.

2 LITERATURE REVIEW

Mental health difficulties represent a substantial and growing share of the global disease burden, and higher levels of education and household income have been linked to increased rates of reported mental health issues (Daly et al., 2020). Poor mental health is strongly associated with reduced quality of life (Rajmil et al., 2009) and elevated occupational stress (Taylor et al., 2005). Among young people specifically, depression, anxiety, and academic stress are common, and many first-year students report never having received formal instruction in mental wellness or having been unaware of available counselling services (Walther, Abelson, & Malmon, 2014; Zivin, Eisenberg, Gollust, & Golberstein, 2009).

Stigma remains one of the most consistently cited barriers to treatment-seeking. The World Health Organization estimates that approximately half of young people experience a mental health challenge at some point but frequently avoid disclosure until the situation becomes severe (WHO, 2017). In the United States, the Healthy Minds Study found that a large majority of college students with mental health issues who sought help did so from a non-professional source, such as a friend or family member, rather than a clinician (Eisenberg, Hunt, Speer, & Zivin, 2011).

These barriers have motivated growing interest in technology-mediated mental health interventions. Telehealth and app-based interventions have demonstrated the capacity to maintain therapeutic engagement while removing geographic and scheduling barriers (Guille et al., 2020; Huskamp et al., 2018), and can support a therapeutic alliance even without face-to-face contact (Geller, 2020; Markowitz et al., 2021). During the COVID-19 pandemic, teletherapy adoption expanded rapidly, including among individuals with serious mental illness, indicating both feasibility and acceptability at scale (Miu, Vo, Palka, Glowacki, & Robinson, 2020). Social media and digital platforms have also proven effective for raising mental health awareness and reducing stigma among young populations (Latha et al., 2020).

However, implementation research cautions that digital health tools face structural and adoption barriers, including funding sustainability, user trust, and integration with existing services (Ross et al., 2015). Existing university-oriented platforms such as Togetherall and Kognito already operate at scale across UK institutions, suggesting that new entrants must identify a clear point of differentiation — such as anonymity, cost, or the specific use of trained peer listeners — rather than replicate existing offerings.

3 METHODOLOGY

3.1 Research Design

A cross-sectional research design was adopted, appropriate for studies relying on self-administered surveys collected at a single point in time (Creswell, 2014). This design allowed the research team to gather descriptive data on mental health experience, help-seeking behaviour, and attitudes toward the proposed application within a defined project timeline.

3.2 Participants and Sampling

Participants were students and employees of a UK university. A purposive sampling strategy was used, targeting individuals within the study population who were reachable through university communication channels. A total of 130 valid responses were obtained: 109 from students (83.8%) and 21 from university employees (16.2%) (Table 1).

3.3 Instrument and Procedure

Two structured, close-ended questionnaires (one for students, one for staff) were developed and administered online using Qualtrics. Items addressed four themes: (a) prior experience of mental or emotional distress, (b) help-seeking behaviour and disclosure preferences, (c) attitudes toward an anonymous support application, and (d) willingness to

train and volunteer as a peer listener. Prior to data collection, the project underwent a First Stage Ethical Review by the university's School of Management Research Ethics Committee; informed consent was obtained from all participants, participation was voluntary, and responses were anonymised in line with UK data protection requirements.

3.4 Comparative (Secondary) Analysis

To position Talley within its competitive landscape, a structured comparative analysis was conducted on ten existing digital mental health platforms (including Togetherall, Kognito, Headspace, Calm, and the Samaritans) using publicly available website information. Platforms were compared on funding model, accessibility (hours of operation), degree of anonymity, and the use of professional versus peer/volunteer support.

3.5 Data Analysis

Survey data were analysed descriptively using frequencies and percentages generated within Qualtrics. Comparative analysis data were synthesised qualitatively into a benchmarking matrix (Tables 4 and 5).

4 RESULTS

4.1 Sample Characteristics

Table 1: Composition of the survey sample (N = 130)

Group	n	% of sample
Students	109	83.8%
University staff	21	16.2%
Total	130	100%

4.2 Prevalence of Mental Health Difficulties

A majority of students (70.6%) reported having experienced mental or emotional stress that affected their studies, while 18.3% reported no such experience and 11.0% were unsure. Among staff, 52.4% reported having experienced severe anxiety, impostor syndrome, or another mental health challenge at work, with a further 14.3% reporting this "somewhat."

4.3 Disclosure Behaviour and Stigma

When asked who they spoke to about these difficulties, 30.3% of students said "nobody," while 26.6% and 9.2% spoke only to friends or to someone they were not close to, respectively — a pattern consistent with stigma-related reluctance to disclose. Staff responses were similar: 33.3% spoke to a family member, while a substantial minority spoke to no one at all (Table 2).

Table 2: Reported disclosure targets among students and staff who experienced mental health difficulties

Disclosure target	Students (%)	Staff (%)
Nobody	30.3	9.5
Friend / close friend	26.6	9.5
Family member	—	33.3
Colleague / classmate	9.2	9.5
Professional	—	9.5
Other	33.9	28.7

4.4 Acceptability of an Anonymous Support Application

Willingness to engage with an anonymous, app-based support service was high across both groups. Among students, 57.8% were willing to speak to an experienced individual about their struggles, and this rose to 85.3% when the interaction was framed as fully anonymous. Among staff, 81.0% indicated they would "most likely" use such an

application if provided by the university. Accessibility of cost was also decisive: 89.9% of students said they would use the app if it were provided free of charge by the university, compared with only a small minority who would not.

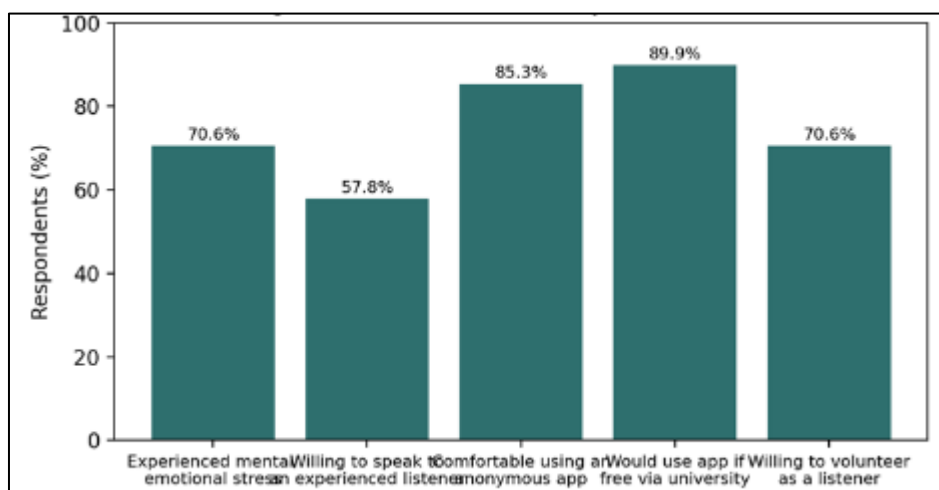


Figure 1: Selected student survey results (n = 109).

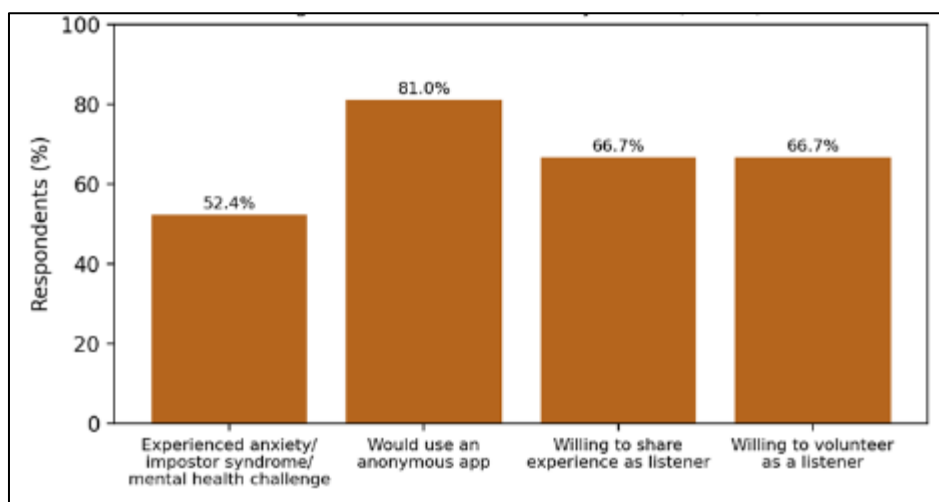


Figure 2: Selected staff survey results (n = 21).

4.5 Willingness to Volunteer as Peer Listeners

A substantial proportion of respondents were willing to train and serve as peer “listeners.” Among students, 72.5% were willing to undergo the required training, and 70.6% said they would volunteer as a listener. Among staff, 66.7% were willing to share their own experience to help others, and 81.0% were willing to undergo listener training (Table 3).

Table 3: Willingness to train and volunteer as peer listeners

Item	Students (%)	Staff (%)
Willing to undergo listener training	72.5	81.0
Willing to volunteer as a listener	70.6	66.7
Willing to share own experience to help others	—	66.7

4.6 Comparative Analysis of Existing Platforms

Table 4 summarises the comparative analysis of ten existing digital mental health platforms. Most platforms are funded through a combination of donations, fundraising, institutional subscriptions, or freemium/subscription models.

Critically, few platforms combine full anonymity, 24-hour accessibility, and trained peer (rather than purely professional) support — the specific combination proposed by Talley.

Table 4: Comparative analysis of Talley against selected existing digital mental health platforms (adapted from a ten-platform benchmarking exercise)

Platform	Funding model	Accessibility	Anonymity	Support type
Togetherall	FPE Capital investment	24 hours daily	Anonymous	Moderated peer network
Kognito	ESSER / government grants	24 hours (virtual)	Anonymous	Interactive virtual practice
Headspace	Fundraising & donations	~15 hrs counselling/day	Not strictly anonymous	Professionals & volunteers
Welltrack	Subscription fee	24 hours	Confidential & anonymous options	Volunteers & professionals
Calm	Investors & subscribers	24 hours	Confidential	Volunteers & professionals
The Samaritans	Donations & government funding	24-hour helpline	Confidential	Volunteer-led
Nightline.org.uk	Affiliated institutions	Limited (6pm–8am)	Anonymous	Trained student volunteers
Talley (proposed)	University partnership / donations	Proposed 24 hours	Proposed full anonymity	Trained peer listeners

5 DISCUSSION

The findings indicate a clear and largely unmet demand for accessible, stigma-free mental health support within the university community studied. Consistent with prior literature (Latha et al., 2020; WHO, 2017), a considerable share of respondents who had experienced distress had disclosed it to no one, underscoring the continuing influence of stigma on help-seeking behaviour identified by Zivin et al. (2009) and Eisenberg et al. (2011). The sharp increase in willingness to engage with support once anonymity was guaranteed (from 57.8% to 85.3% among students) suggests that anonymity, rather than the availability of support per se, is the primary barrier this population faces — a finding that aligns with evidence that digital and remote delivery formats can sustain a therapeutic connection while reducing the exposure associated with face-to-face disclosure (Geller, 2020; Miu et al., 2020).

The strong preference for free, university-subsidised access (89.9% of students) has direct implications for the platform's business model. Unlike subscription-based competitors such as Welltrack or Calm, Talley may need to pursue an institutional-partnership funding model, similar to that used by Togetherall and Nightline, in which the university underwrites access on behalf of students and staff rather than charging users directly.

The willingness of a majority of respondents to train as peer listeners is encouraging from a resourcing perspective, echoing the volunteer-led model used successfully by organisations such as the Samaritans and Nightline. However, converting stated willingness into a reliable pipeline of trained, competent listeners will require investment in recruitment, structured training, and ongoing quality assurance, consistent with concerns raised in the implementation literature about the practical challenges of sustaining digital health interventions beyond the pilot stage (Ross et al., 2015).

The comparative analysis suggests that Talley's differentiation lies less in offering an entirely novel service than in combining features — full anonymity, 24-hour access, and lived-experience peer listeners — that existing competitors offer only partially. This is a defensible but narrow competitive position, and the company should expect competitive responses from established players such as Togetherall, which already operates in over 200 UK institutions.

Several limitations should be noted. The staff sample was small ($n = 21$) relative to the student sample, limiting the precision of staff-specific estimates. The purposive, single-institution sampling strategy also limits generalisability to

other universities or non-academic populations. Finally, as with most self-report surveys of sensitive topics, responses may be subject to social desirability bias, particularly regarding willingness to volunteer.

6 CONCLUSION

This study set out to assess the feasibility of an anonymous, peer-support mobile application for addressing mental health stigma and accessibility barriers within a university community. The evidence gathered indicates substantial unmet need, strong acceptability of an anonymous support model, and a viable pool of potential volunteer listeners. Benchmarking against ten existing platforms confirms that, while the digital mental health market is increasingly crowded, a service combining full anonymity, continuous accessibility, and trained peer listeners occupies a distinct and currently under-served niche. Realising this opportunity will depend on securing a sustainable, low-cost-to-user funding model and building robust systems for recruiting, training, and supporting volunteer listeners.

Recommendations

Based on the findings, the following recommendations are proposed for Talley App Limited and similar developers:

- Pursue institutional partnerships that allow universities to subsidise or fully fund student and staff access, given the strong preference for free provision revealed in this study.
- Foreground anonymity and confidentiality in all marketing and onboarding communications, as this feature was the single strongest driver of stated willingness to engage.
- Develop a structured, low-barrier volunteer recruitment and training pathway to convert the high stated willingness to become a listener (66.7–72.5%) into an active, competent volunteer base.
- Diversify funding beyond direct user payment, exploring donations, fundraising, and institutional sponsorship models similar to those used by Togetherall and the Samaritans.
- Establish clear escalation and safeguarding protocols so that peer listeners can refer users presenting with acute or high-risk needs to appropriately trained professionals.
- Conduct a larger, multi-institution follow-up study to test generalisability and to evaluate real-world engagement and outcomes following deployment.

STATEMENTS ON COMPLIANCE WITH ETHICAL STANDARDS

Disclosure of conflict of interest

The authors declare no conflicts of interest regarding this manuscript.

REFERENCES

- [1] Creswell, J. (2014). Research design: Qualitative, quantitative, and mixed methods approaches (4th ed.). Sage.
- [2] Daly, M., Sutin, A. R., & Robinson, E. (2020). Longitudinal changes in mental health and the COVID-19 pandemic: Evidence from the UK Household Longitudinal Study. *Psychological Medicine*, 1–10. <https://doi.org/10.1017/S0033291720004432>
- [3] Dobson, K. S., Markova, V., Wen, A., & Smith, L. M. (2021). Effects of the anti-stigma workplace intervention “Working Mind” in a Canadian health-care setting: A cluster-randomized trial of immediate versus delayed implementation. *The Canadian Journal of Psychiatry*, 66(5), 495–502. <https://doi.org/10.1177/0706743720961738>
- [4] Eisenberg, D., Hunt, J., Speer, N., & Zivin, K. (2011). Mental health service utilization among college students in the United States. *Journal of Nervous and Mental Disease*, 199, 301–308.
- [5] Geller, S. (2020). Cultivating online therapeutic presence: Strengthening therapeutic relationships in teletherapy sessions. *Counseling Psychology Quarterly*. <https://doi.org/10.1080/09515070.2020.1787348>
- [6] Guille, C., Simpson, A. N., Douglas, E., Boyars, L., Cristaldi, K., McElligott, J., Johnson, D., & Brady, K. (2020). Treatment of opioid use disorder in pregnant women via telemedicine: A nonrandomized controlled trial. *JAMA Network Open*, 3(1), e1920177. <https://doi.org/10.1001/jamanetworkopen.2019.20177>

- [7] Huskamp, H. A., Busch, A. B., Souza, J., Uscher-Pines, L., Rose, S., Wilcock, A., Landon, B. E., & Mehrotra, A. (2018). How is telemedicine being used in opioid and other substance use disorder treatment? *Health Affairs*, 37(12), 1940–1947. <https://doi.org/10.1377/hlthaff.2018.05134>
- [8] Latha, K., Meena, K. S., Pravitha, M. R., Dasgupta, M., & Chaturvedi, S. K. (2020). Effective use of social media platforms for promotion of mental health awareness. *Journal of Education and Health Promotion*, 9, 124. https://doi.org/10.4103/jehp.jehp_90_20
- [9] Markowitz, J., Milrod, B., Heckman, T., Bergman, M., Amsalem, D., Zalman, H., Ballas, T., & Neria, Y. (2021). Psychotherapy at a distance. *The American Journal of Psychiatry*, 178(3), 240–246. <https://doi.org/10.1176/appi.ajp.2020.20050557>
- [10] Miu, A., Vo, H., Palka, J., Glowacki, C., & Robinson, R. (2020). Teletherapy with serious mental illness populations during COVID-19: Telehealth conversion and engagement. *Counselling Psychology Quarterly*. <https://doi.org/10.1080/09515070.2020.1791800>
- [11] Rajmil, L., Palacio-Vieira, J. A., Herdman, M., Lopez-Aguila, S., Villalonga-Olives, E., Valderas, J. M., Espallargues, M., & Alonso, J. (2009). Effect on health-related quality of life of changes in mental health in children and adolescents. *Health and Quality of Life Outcomes*, 7, 103. <https://doi.org/10.1186/1477-7525-7-103>
- [12] Ross, J., Stevenson, F., Lau, R., & Murray, E. (2015). Exploring the challenges of implementing e-health: A protocol for an update of a systematic review of reviews. *BMJ Open*, 5(4). <https://doi.org/10.1136/bmjopen-2014-006773>
- [13] Saha, S. (2006). Improving literacy as a means to reducing health disparities. *Journal of General Internal Medicine*, 21, 893–895.
- [14] Taylor, C., Graham, J., Potts, H. W., Richards, M. A., & Ramirez, A. J. (2005). Changes in mental health of UK hospital consultants since the mid-1990s. *The Lancet*, 366(9487), 742–744. [https://doi.org/10.1016/S0140-6736\(05\)67178-4](https://doi.org/10.1016/S0140-6736(05)67178-4)
- [15] Walther, W. A., Abelson, S., & Malmon, A. (2014). Active Minds: Creating peer-to-peer mental health awareness. *Journal of College Student Psychotherapy*, 28(1), 12–22. <https://doi.org/10.1080/87568225.2014.854673>
- [16] World Health Organization. (2017). Depression and other common mental disorders: Global health estimates (No. WHO/MSD/MER/2017.2). World Health Organization.
- [17] Zivin, K., Eisenberg, D., Gollust, S. E., & Golberstein, E. (2009). Persistence of mental health problems and needs in a college student population. *Journal of Affective Disorders*, 117(3), 180–185.