Peer Support Interventions: A Brief Summary of the Evidence

Psychological Health Center of Excellence

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Overview

In response to an inquiry on the state of the evidence of peer-support interventions, we performed a review of recent (2009 – present) systematic reviews on peer support for mental health conditions. These are summarized below based on targeted condition. Peer-supported health interventions are not characterized by a single, standardized intervention, but rather represent a heterogeneous group of interventions that vary considerably across peer roles, conditions treated, treatment format, and population targeted. Given this lack of standardization, the effectiveness of "peer-supported" interventions is difficult to adequately summarize into a single evidence statement. The most comprehensive review of evidence on peer support, both individual- and group-based, found that peer support did not significantly improve mental health or other outcomes (Ramchand et al., 2017). However, a type of peer support intervention (viz., peer educators) improved social health/connectedness and engagement. In general, studies on peer support report inconclusive findings and are characterized by methodological weaknesses, limiting the confidence we can have in the results. We also identified three qualitative metasyntheses that can further enhance our understanding on the potential benefits of peer support interventions.

Search Strategy

A search was conducted in MEDLINE (PubMed) for the search terms listed below, using the "review" filter. The search was not restricted by date, type of participants, or type of outcome.

Key Words: "peer support*", "peer provide*", "peer educat*", consumer-provider*, "peer to peer", "support group*", "peer mentor*", "community health worker*", "peer deliver*", "peer based", "peer coach*"

Findings

Depression

- Two systematic reviews examining the effects of peer support services in depressed patients reported contradictory findings (Fuhr et al., 2014; Pfeiffer et al., 2011).
- Fuhr et al. (2014) analyzed results from four RCTs, and concluded that patients who received peer support services in addition to standard community care did not experience improved depression outcomes relative to patients who received standard community care alone.
- Pfeiffer et al. (2011), analyzing results from ten RCTs among subpopulations of depressed patients (e.g., postpartum women, men with HIV), found that peer support improved treatment outcomes relative to usual care alone. This systematic review suffered from several methodological limitations.
- Although the reviews did not officially assess the quality of the included evidence, the quality of this body of evidence
 appears to be low. Thus, we cannot be certain whether peer support has beneficial effects on patients with depression.

Substance Abuse

- Two systematic reviews examined the effects of peer support services on substance use or addiction (Bassuk, Hanson, Greene, Richard, & Laudet, 2016; Reif et al., 2014).
- In both reviews, the authors agreed that peer support services are associated with improved outcomes. However, these
 conclusions may be overstated due to inclusion of non-randomized studies and inadequate assessments of study bias
 and quality of evidence.
- This body of literature included two randomized controlled trials that were higher in quality. In one study, participants who received brief motivational intervention delivered by a peer did not have significantly improved outcomes relative to participants who were placed on a referral list (Bernstein et al., 2005). In the other trial, participants that received group and peer support in addition to standardized treatment decreased alcohol use at follow up, while participants who received standardized treatment alone reported increased alcohol use (Rowe et al., 2007).
- Based on this evidence, it appears that peer-delivered brief interventions may not be effective in treatment of substance
 use as a monotherapy. However, peer support in addition to standardized treatment may be beneficial for patients with
 substance use. More research is needed to substantiate this finding.

Other Findings

- Qualitative studies of the effects of peer support services on mental health difficulties suggest that peer support is associated with improved social support and social functioning, increased sense of empowerment and independence, reduced stigma, and increased hope among patients (Repper & Carter, 2011; Walker & Bryant, 2013).
- Additionally, peer support seems to also benefit peer support providers who experience improved self-esteem and self-knowledge as a result of their work (Miyamoto & Sono, 2012; Repper & Carter, 2011; Walker & Bryant, 2013).
- Challenges for peer support providers included negative working relationships with mental health professionals, difficulties with transitions from patient to staff roles, problems establishing and maintaining appropriate boundaries, low compensation, and limited working hours (Miyamoto & Sono, 2012; Walker & Bryant, 2013).
- Qualitative reviews indicate that providers of support services would benefit from more training and supervision (Walker & Bryant, 2013).

Conclusions

Peer-supported health interventions represent a heterogeneous group of interventions that vary considerably making it difficult to adequately summarize the effectiveness of this group of interventions. The most comprehensive review found that peer support interventions did not significantly improve mental health or physical health outcomes; however, certain types of peer support interventions may improve social health/connectedness and engagement (Ramchand et al., 2017). Thus, research suggests that evidence of peer-support interventions is mixed at best. Although there is some evidence of the benefits of these interventions to augment standard care, findings from the body of literature is not consistent and many of the studies suffer from methodological weaknesses that limit our confidence in any findings. This brief review of the evidence on peer-support interventions is limited to recent systematic reviews. Therefore it should not be considered comprehensive.

References

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