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the BRIEFING

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What is the volume, diversity and nature of recent, robust evidence for using peer support in health and social care? An evidence and gap map

Peer support interventions involve people drawing on shared personal experience to help one another improve their physical or mental health or reduce social isolation[1]. If effective, they may also lessen the demand on health and social care services, reducing costs[2].

This is a summary of a project which produced an evidence and gap map (EGM) on the effectiveness and cost-effectiveness of the use of peer support in health and social care. EGMs draw together all the available evidence on a topic, highlighting where there is either a lot, or lack, of research. By mapping evidence for different types of peer support, this EGM is intended to support the design and delivery of interventions, and to target future research.

It found that:

- the majority of studies were carried out in the US, few were conducted in the UK or Europe;
- studies tended to focus on certain types of peer support, including education, psychological support, self-care/self-management, and social support;
- most studies measured physical and mental health; few studies looked at the cost-effectiveness of peer support;
- there were several gaps on research into different ways of delivering peer support, such as the links between peer supporters and formal health and social care services, and the effectiveness of longer interventions.

Peer support is commonly defined as:

""…people drawing on shared personal experience to provide knowledge, social interaction, emotional assistance or practical help to each other, often in a way that is mutually beneficial"[1]

Shared experience of a health difficulty, the opportunity for social contact, and practical support are thought to be particularly important in leading to benefits from peer support for both peers and those providing support[3].

Exeter HS&DR Evidence Synthesis Centre

We are one of three research groups in the UK commissioned by the National Institute of Health Research HS&DR (Health Services & Delivery Research Programme) to conduct syntheses of evidence about the organisation and delivery of healthcare (Project number 16/47/22). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

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Why did we do this review?

For individuals, the benefits of peer support include reduced social isolation and mental ill-health, and improved management of long-term health conditions[1,4]. More widely, interventions could decrease demand for health and social care services by increasing the effectiveness with which people address their own needs[2].

However, peer support interventions vary in format[5]. Differences include:

- how they are delivered e.g., location, the number of sessions;
- the targeted problem or need and therefore content of sessions; and
- association or support from formal health and social care services[6].

This variation creates a challenge to those seeking to provide peer support interventions, including policymakers who commission peer support, and practitioners who deliver services in healthcare and community settings. Being able to find and understand evidence relevant to the type of peer support which is being planned or delivered will aid decision-making.

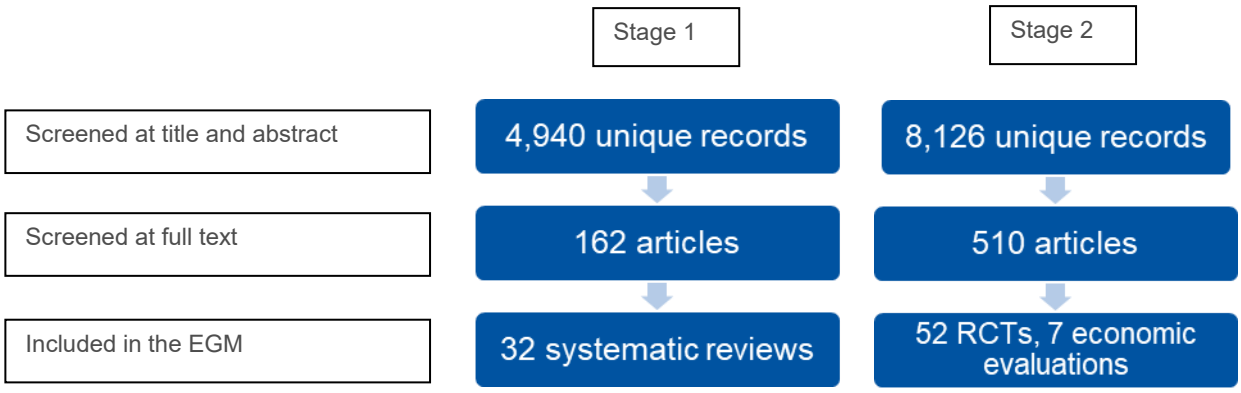
Our aim was to map all the recent, high quality evidence for the use of peer support in health and social care, concentrating specifically on the effectiveness and cost-effectiveness of peer support interventions.

How did we make this EGM?

Finding the literature: The search was carried out in two stages. In stage 1, we searched nine bibliographic databases for systematic reviews. In stage 2, we searched nine bibliographic databases for randomised controlled trials and economic studies. We also searched the citations and reference lists of included studies and protocol and trial registry platforms.

Eligibility criteria: Systematic reviews, randomised controlled trials (RCTs), and economic evaluations were included in the map. Included studies focused on adult populations with a defined health or social care need. Any measure of effectiveness and form of peer support was included, as long as the peer supporter and peer had shared experience of a health difficulty and a formal role (they had been trained, received ongoing support, or were paid). Included studies were conducted in a high income country and published in English from 2015 onwards.

Study selection, data extraction and assessment of study quality: Studies were screened independently by two reviewers for inclusion. Data extraction and assessment of study quality was then carried out by one reviewer and checked by another. Disagreements were resolved through discussion. We used standard tools to measure study quality.



What did we find?

Of the 91 included studies, most randomised controlled trials (RCTs) were assessed as being of higher quality whereas systematic reviews and economic evaluations tended to be of low or medium quality.

The most investigated peer support interventions included: education; emotional and wellbeing support; help with self-care and self-management; and social support.

There were several areas of focus where we found numerous studies:

- studies which took place in North America, particularly the US;
- peer support for people with chronic health conditions;
- the effectiveness of peer support in improving health, both physical and mental, as well as wellbeing and social connection;
- in-person peer support;
- interventions led by peers working with care professionals; and
- shorter interventions, of up to 3 or up to 6 months.

There were also gaps in the evidence:

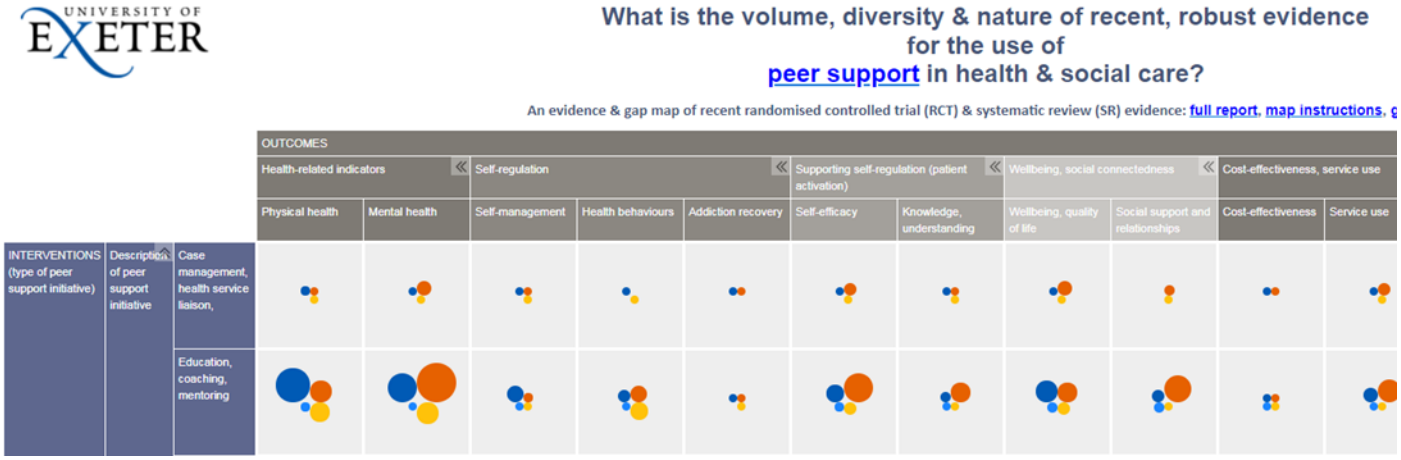
- few studies, particularly systematic reviews, looked at case management by peers;
- few studies examined the cost-effectiveness of peer support;
- interventions which were co-facilitated by peers and professionals; and
- long-term peer support (interventions of more than 6 months).

The interactive EGM can be accessed HERE online.

The picture below shows the map which has a typical EGM format: the rows give details of the peer support intervention and the columns show what was measured by the study.

Each cell contains the studies giving evidence on that particular combination of intervention and outcome, with the different colours of the circles indicating the quality of the study. For each study, we have provided an abstract or summary and a link to the original source.

Filters can also be applied to the map, meaning the map only displays evidence for the selected filter. These filters include population categories and type of study.



What are the implications of this EGM?

Studies on the effectiveness of the use of peer support for improving physical and mental health could provide evidence to support the provision of interventions by health and social care services.

There were also several areas of research on the effectiveness of specific types of peer support which could be particularly useful in informing the design and delivery of interventions:

- for populations with chronic health conditions;
- the delivery of peer support led by peers who were working with care professionals;
- short peer support interventions.

Some areas of the map have high numbers of randomised controlled trials, indicating the potential for systematic reviews on the effectiveness of:

- peer support for populations with chronic mental health difficulties;
- peer support for vulnerable populations; and
- peer-led case management and health service liaison as a type of peer support.

There is a lack of research in some areas where further evidence could support the provision of peer support, including:

- the effectiveness of peer support in different countries, with different health care systems and contexts;
- the benefits of peer support beyond physical and mental health, particularly its cost-effectiveness;
- the links between peer supporters and formal health and social care services.

These gaps indicate a need for more studies but also that studies should describe the details of peer support interventions more clearly. Some features, such as how and whether peer supporters worked with healthcare professionals, were rarely reported. For this EGM, we had to exclude studies of interventions where peer support was only one element, so may have missed some relevant evidence.

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Please use the QR code to view the project report online:

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