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Cochrane Corner summary of review titled: "Peer support for people with schizophrenia or other serious mental illness"

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Cochrane Nursing – Cochrane Review Summary

Prepared for the

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Background:

Serious mental illnesses affect how people feel, think and behave, and frequently contribute to disability in psychosocial and occupational functioning and quality of life (APA 2015; Harvey 2012; Mohamed 2008). Psychosocial interventions designed to support people with schizophrenia and their families have shown to improve the person's rehabilitation, reintegration into the community, and recovery (Nice 2009; Pharoah 2010).

Peer workers are defined as individuals with lived experience of mental illness (Aguey-Zinsou et al. 2018), with peer support principles based on shared responsibility and mutual respect (Mead 2001). These peer workers have been identified to contribute to the recovery of people with various mental health problems (Hurley et al. 2016).

Peer support programmes are an increasingly important strategy in managing complex conditions and establishing partnerships (Bradstreet 2010). Clinical staff report value and numerous benefits that lived experience brings to services, as peers share their experience to support others in their recovery journey (Aguey-Zinsou, et al. 2018). Peer support increases hope, empowerment and quality of life, which are the essential components in mental health recovery (Aguey-Zinsou et al. 2018). Collaboration between mental health nurses and peer support workers has the potential to improve recovery-orientated care. Peer workers who advocate for individuals with similar health problems that they had experienced before, and facilitate related decision-making in illness management are viewed favourably in a clinical context (Cleary, et al. 2018).

Objective/s:

This Cochrane review compared the effect of standard care with peer support versus standard care for people with schizophrenia or other serious mental disorders on common important patient outcomes.

Intervention/Methods:

The review included randomised controlled trials with a control or comparison group where participants were randomly allocated to the intervention group with peer support or control (standard care) group. The participants were aged 18 to 65 years with a diagnosis of schizophrenia or a serious mental illness as defined by Mental Institute of Mental Health (NIMH) criteria on diagnostic categories and comorbidities (NIMH 1987).

Primary outcomes included service use (hospital admission and length of stay), global state (relapse and clinically important change in global state), and adverse event or death. Secondary outcomes included service use, global state, mental state (overall and specific), behaviour (general and specific), early study exit, functioning (general and specific), peer outcomes (clinically important change in quality of life for service user and peer supporter), and economic costs (indirect costs).

The quality of the evidence was assessed with the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) (Schüneman 2011); and the GRADEpro GDT was used to export the data to create the 'Summary of findings' tables.

The Cochrane Schizophrenia Group's Study-Based Register of Trials was searched using the major concept terms (*Peer* OR *Self-Help* OR *Social Support* OR *Social Network*) in Intervention Field of STUDY on 27 July 2016 and 4 July 2017.

Results:

Thirteen studies (duration of about 5 weeks to 12 months) were selected, with a total of 2,479 participants. Twelve recruited people with a variety of diagnoses of serious mental illness; and the remaining one involved people with schizophrenia only. Studies were conducted in inpatient and outpatient settings, eight set in the USA, four set in Europe and one in China. Most studies compared between peer support combined with usual care and usual care alone. There were no clear differences on hospital admission rate between the two study groups at medium term (RR 0.44, 95% CI 0.11 to 1.75) and all-cause mortality in long term (RR 1.52, 95% CI 0.43 to 5.31). No study reported clinically important changes in mental state. One study found general function measured by GAF was higher in the peer support group; however, when general function was not measured by GAF, there was no difference between groups. However, there were no useable data for most of other prespecified important outcomes such as days in hospital, clinically important change in global state.

Conclusions:

The review found no clear evidence that peer support with standard care makes any difference to outcomes for people with serious mental illness, particularly on hospital admissions, global functioning and all-cause mortality. However, this may be due to the low quality of evidence and heterogeneity of the reviewed studies. It was found that there is limited evidence from small trials in which peer support was used to foster hope, empowerment, recovery, and personal confidence. Therefore, the evidence remains very limited and high-quality trials are needed to clarify the efficacy of peer support and identify the conditions in which it may be more effective.

Implications for Practice:

Different approaches to peer support are gaining momentum in other populations, mainly including diabetes (Okoro, 2020), intensive care (Boehm, et al. 2020) and carers of people with dementia (Charlesworth et al. 2017). Peer support is not a new concept in mental health but, as this review identified, is yet to deliver tangible outcomes and thus raises the issue of how clinicians can move forward with this. The diversification of peer support has introduced ambiguity, thus threatening its future development (Murphy & Higgins, 2018). Taking the time to revisit the models of peer support and address issues that have been identified, including staff discrimination, low pay and difficulty in managing the transition from people with lived experience to peer workers, may promote higher quality and more relevant outcomes for service users. The experiences of all involved in peer support should be explored to inform the body of knowledge (Walker & Bryant, 2013), and promote the development and sustainability of this intervention.

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