

CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

Peer Support Interventions for Mental Health Conditions and Addictive Disorders: Clinical Effectiveness, Cost- Effectiveness, and Guidelines

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Research Questions

1. What is the clinical effectiveness of peer support interventions for the management of individuals with mental health conditions or addictive disorders?
2. What is the cost-effectiveness of peer support interventions for the management of individuals with mental health conditions or addictive disorders?
3. What are the evidence-based guidelines regarding peer support interventions for the management of individuals with mental health conditions or addictive disorders?

Key Findings

Ten systematic reviews (six with meta-analyses) were identified regarding the clinical effectiveness of peer support interventions for the management of individuals with mental health conditions or addictive disorders. One economic evaluation was identified regarding the cost-effectiveness of peer support interventions for the management of individuals with bipolar disorder. In addition, seven evidence-based guidelines were identified regarding peer support interventions for the management of individuals with mental health conditions or addictive disorders.

Methods

A limited literature search was conducted by an information specialist on key resources including Medline, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused Internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were peer support and mental health conditions or addictions. Search filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, or network meta-analyses, economic studies and guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2015 and January 3, 2020. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

Population	Individuals with mental health conditions (e.g., depression, anxiety, post-traumatic stress disorder) or addictive disorders (e.g., opioid use disorder, substance addiction, gambling addiction)
Intervention	Peer support interventions
Comparator	Q1-Q2: No treatment with peer support interventions; usual care; alternative treatments that do not include peer support (e.g., psychotherapy or pharmacotherapy) Q3: No comparator
Outcomes	Q1: Clinical effectiveness (e.g., health status, symptom severity, quality of life, control of addictive behaviors, relapse, treatment retention, recovery rates) Q2: Cost-effectiveness Q3: Evidence-based guidelines
Study Designs	Health technology assessments, systematic reviews, economic evaluations, evidence-based guidelines.

Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first, followed by economic evaluations and evidence-based guidelines.

Ten systematic reviews¹⁻¹⁰ (six with meta-analyses)^{3,4,6,7,9,10} were identified regarding the clinical effectiveness of peer support interventions for the managements of individuals with mental health conditions or addictive disorders. One economic evaluation¹¹ was identified regarding the cost-effectiveness of peer support interventions for the management of individuals with bipolar disorder. In addition, seven evidence-based guidelines¹²⁻¹⁸ were identified regarding peer support interventions for the management of individuals with mental health conditions or addictive disorders.

Additional references of potential interest are provided in the appendix.

Overall Summary of Findings

Ten systematic reviews¹⁻¹⁰ (six with meta-analyses)^{3,4,6,7,9,10} were identified regarding the clinical effectiveness of peer support interventions for the management of individuals with mental health conditions or addictive disorders.

The authors of the first systematic review¹ assessed peer support interventions compared to standard of care, other supportive or psychosocial interventions for people with schizophrenia, or other mental disorders. The authors found that peer support had little or no effect on hospital admission or all cause-death and concluded that there is insufficient evidence surrounding peer support interventions for people with schizophrenia and other mental illnesses.¹ The authors of the second systematic review² assessed peer-facilitated interventions for adolescent health in low and middle income countries and found four randomized controlled trials (RCTs) that reported reductions in depressive symptoms as well as an additional four RCTs reporting reductions in substance use.² The authors concluded that the evidence supported the use of peer facilitators to improve adolescent mental health and reduce substance use.² The authors of the third identified study³ conducted a systematic review and meta-analysis of randomized controlled trials that

examined interventions for common mental health problems, such as depression and anxiety, in university and college students. Of the interventions identified, peer support had one of the highest reductions in depression and anxiety.³ The authors of the fourth systematic review⁴ assessed the association between Alcoholics Anonymous attendance and alcohol abstinence. The authors found a significant and positive association between Alcoholics Anonymous and abstinence and concluded that patients who attend Alcoholics Anonymous will report higher rates of alcohol abstinence compared to patients who do not attend.⁴ The fifth systematic review⁵ evaluated physical health outcomes associated with peer-based health interventions for people with serious mental illness. The authors found that the most promising interventions were peer-navigated, but mixed and limited evidence was found regarding the impact on mental health outcomes.⁵ The authors of the sixth systematic review⁶ examined antenatal and postpartum depression treatment interventions for improving parent and/or child development and found promising evidence for psychotherapeutic group support for development outcomes.⁶ The authors of the seventh systematic review and meta-analysis⁷ examined social media interventions for supporting mental health for people with schizophrenia. The authors found those who utilized social media as part of an online peer support group reported lower levels of perceived stress and higher levels of social support. However, greater psychological distress was also reported by those who reported a positive experience with the online peer support group.⁷ The eighth systematic review⁸ examined the effectiveness of online peer-to-peer support for young people with mental health problems. The authors reported that two randomized controlled trials found a significant improvement compared to the control group, while four other studies found evidence that peer-to-peer support was not effective.⁸ The ninth identified study⁹ included a meta-analysis of peer-administered interventions effect on depression symptoms. The authors found that peer-administered interventions performed as well as non-peer-administered interventions and significantly better than no-treatment.⁹ The authors concluded that peer-administered interventions reduce depressive symptoms, but further research is required.⁹ Finally, the tenth systematic review and meta-analysis¹⁰ examined randomized controlled trials of interventions for reducing depressive symptoms in men with prostate cancer. The authors found that peer support intervention improved depression scores and concluded that the best evidence supported the use of peer support.¹⁰

One economic evaluation¹¹ was identified regarding the cost-effectiveness of peer support interventions for the management of individuals with bipolar disorder. The authors compared the cost-effectiveness of group psychoeducation with group peer support from the perspective of health and personal social services.¹¹ The authors reported that group peer support used less health-related resources than group psychoeducation, however, group psychoeducation may be more cost-effective versus group peer support if decision makers pay at least 37,500 (monetary value not specified) per QALY gained.¹¹ The authors also reported that group psychoeducation costs 10,765 (monetary value not specified) more than group peer support to avoid one relapse and concluded that group psychoeducation is associated with improvements in health status and higher costs compared to group peer support.¹¹

Seven evidence-based guidelines¹²⁻¹⁸ were identified. The first guideline¹² by the Canadian Research Initiative in Substance Misuse outlined the role of peers involved in injectable opioid agonist treatment for opioid use disorder. This guideline recommends that individuals likely to benefit from injectable opioid agonist treatment should go through a process involving a peer orientation.¹² Furthermore, this guideline recommends peer support should be included in educating potential patients, and also mentioned working

with peers can help new patients obtain realistic expectations for the treatment.¹² The second guideline¹³ by the National Institute of Health and Care Excellence (NICE) outlined the use of peer support for children, young people, and adults with post-traumatic stress disorder. This guideline states that peer support groups should be provided by people with mental training, delivered in a way that reduces the risk of engaging symptoms, and provide information to available services.¹³ The third guideline¹⁴ developed by the British Columbia Government Ministry of Health addressed adult withdrawal management for individuals with substance abuse. This guideline states that peer support groups may be an important component of recovery and wellness for individuals in need of withdrawal management services.¹⁴ The fourth guideline¹⁵ was developed by the Department of Veterans Affairs (VA) and the Department of Defense (DoD) for the management of post-traumatic stress disorder (PTSD) and acute distress. This guideline referenced a 2010 recommendation to refer patients with PTSD to available resources, such as peer support groups, for psychosocial rehabilitation.¹⁵ However, this recommendation was not associated with a grade and did not include a 2017 update. The fifth guideline¹⁶ developed by NICE states that people being discharged from hospital care should be considered for a group-based, peer-delivered self-management training program for recovery purposes.¹⁶ This guideline also suggests that peer support be provided to people with more than one previous hospital admission and that those giving peer support should have experience using mental health services.¹⁶ The sixth guideline¹⁷ by the Canadian Network for Mood and Anxiety recommends the use of peer support as a second-line treatment for major depressive disorder.¹⁷ This recommendation was developed based on level two evidence based on meta-analysis and/or one or more RCT.¹⁷ Finally, the last identified guideline¹⁸ developed by the VA and the DoD for the management of substance use disorder. This guideline recommended involvement in group mutual help programs, which include peer linkage, network support, and 12-step facilitation for patients with substance use disorder in early recovery or following a relapse.¹⁸

References Summarized

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

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Guidelines and Recommendations

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See: Section 1.4.3 Peer support, page 11.
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<https://www.health.gov.bc.ca/library/publications/year/2017/adult-withdrawal-management-services-guidelines-final.pdf>
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See: Promoting Group Mutual Help Involvement, Recommendation 21 page 50 and 51

Appendix — Further Information

Previous CADTH Reports

19. Online Peer Support for the Treatment of Mental Illness: Clinical Effectiveness and Guidelines. (CADTH rapid response report: reference list). Ottawa (ON): CADTH; 2017
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Clinical Practice Guidelines – Unclear Methodology

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