Reviewer's report

Title: A Systematic Review and Meta-Analysis of Peer Support for People with Severe Mental Illness

Version: 2 Date: 21 November 2013

Reviewer: Larry Davidson

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Minor Essential or Discretionary Revisions (based on the editor's judgment)

1. The authors acknowledge in their introduction that "peer support is explicitly not based on psychiatric models of illness," yet they go on to assess its impact in terms of psychiatric indicators. Peer support is not touted to reduce symptoms, for example, so why would we be surprised that has not yet been found to. On the other hand, the authors did find some evidence of impact on hope and recovery, two of the dimensions which peer support targets. Yet, they appear to consider these findings, admittedly of 'low quality', not to be as relevant. This raises an issue of clinical bias on the part of the investigators, who appear to be measuring peer support--an intentionally non-clinical intervention--using primarily clinical indicators.

2. The authors note that "No studies reported measures of symptoms of psychosis, employment, or user satisfaction that could be analysed" and "No studies reported employment outcomes." How, then, can the authors comment on the impact of peer support in these domains?

3. A potential clinical bias is also suggested by how the authors frame their conclusion. They state, in their abstract and early on, that "the findings of this review do not suggest that peer interventions improve clinical and social outcomes for people with serious mental illness." While technically accurate, they could equally well have commented that "the findings of this review suggest that research conducted on peer support to date has been insufficient to demonstrate either effectiveness or lack of effectiveness of this new form of service delivery." They acknowledge this point when they write at the end of the paper that "Current evidence is insufficient to conclude that these interventions are ineffective," yet their earlier statements suggest otherwise (e.g., that they have discovered evidence of a lack of effectiveness). In doing so, they appear to hold peer support to a higher standard than most mental health services that are already being offered, for which in many cases there is a similar lack of evidence. Perhaps they have a much higher opinion of the quality and efficacy of existing mental health services than this writer, but it is not clear that that is warranted by the existing data either. See the most recent update to the PORT studies in the U.S. for an example.

4. I agree with the authors' statements that "peer support programmes are typically neither highly specified nor theory-driven. In most programmes, mechanisms of action and anticipated outcomes not clearly described." To me,
this reflects on the infancy of the peer support movement and on the fact that it has been difficult to secure grant funds to evaluate peer support. Given this discovery on the part of the investigators, it is not surprising that studies to date have yet to find positive effects based on high quality evidence. Such evidence will not be possible to collect until these models and mechanisms are articulated and fidelity measures are develop to ensure that peer staff are providing the services they are trained for. At the present time, peer staff are just as likely to be asked to empty the garbage, drive the van, or do case management as they are to be empowered to self-disclose and use their lived experiences to instill hope and role model self-care. This suggests that the authors' conclusions are premature and based on under-funded studies of compromised quality of a model that still needs further development and refinement.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that i have no competing interests.