Reviewer's report

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

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Reviewer: GLENN LANDERS

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Major Compulsory Revisions

This paper is an attempt to update a synthesis of peer support clinical trials; however, as reported in the paper, subjects’ diagnoses and study interventions are too disparate and overall study quality is too poor to report such sweeping, negative results. Admittedly, attempting to synthesize what is known from peer support clinical trials is difficult, as peer support, generally, is tailored to local needs. Peer support is also generally supported by public dollars, thereby limiting the ability to conduct high-quality, randomized, controlled, trials. The literature might be better served if the authors were to expand their analysis to high-quality, non-RCT studies. Detailed comments follow.

1. Abstract
a. I believe the title is misleading, in that the systematic review is only of RCTs. This should be made clear from the outset.

b. The conclusions the authors draw are not supported by the analysis. Based on the studies reviewed, it seems the authors cannot say one way or another if peer support improves clinical or social outcomes.

2. Introduction
a. First paragraph, last sentence - At least in the U.S., it is not true that peer support programs are neither highly specified nor theory driven. In order to be reimbursed by the Medicaid program, a peer support program must be highly specified and outcome oriented. Further, peer support programs are driven by a theoretical model of recovery rather than of illness.

3. Aims
a. Peer mental health service providers – I do not believe it is a fair definition to say peer support providers are employed to deliver all the standard care of a health care service – rather, peer supporters are employed to impart their unique, lived experience.

b. It is also not true that peer mental health providers are explicitly aiming to provide interventions that could also be provided by non-peer clinicians. This would be the antithesis of peer support.

4. Results
a. Page 10, first paragraph – the authors do not describe how they got from 5,946 citations to only 25 articles and 18 trials. What was excluded, especially since RCT was in the search criteria?

b. Page 11, third paragraph – The authors describe how different study subjects were, yet they do not appear to control for this in their analysis.

5. Quantitative Data Analysis

a. This is at the heart of my concern. There appear to be too few studies of each outcome to be able to assess results and draw definitive conclusions. For example, there is only one study of hospitalization and one study of quality of life (how was this defined?).

b. Also, a review of the studies included demonstrates how different each program is. Is it fair to include (compare/equate) an Internet based peer support program with one that provides one-on-one or group support? This appears to be the case of comparing apples to oranges.

c. Further, the authors’ own analysis labels most studies poor or very poor. Again, how can such strong claims be made on such poor evidence?

6. Discussion

a. Page 17, second paragraph – here the authors describe perfectly why the study is so limited. I believe they hit the nail on the head when they say evidence based on these RCTs is insufficient to make conclusions one way or another. Why, then, are their conclusions so definitively in the negative?

b. It might be wise for the authors to go back and repeat their analysis with a more expansive search of high-quality, non-RCT studies (such as Min, 2009, Landers & Zhou, 2011). Because of the publically-financed nature of peer support, where the opportunity to conduct an RCT is rare, the knowledge base might be better served by synthesizing a different set of peer support research.

Minor Essential Revisions

1. Introduction - Last paragraph, last sentence – This is not a systematic review of all organized, community-based peer support but rather only those studied with RCTs.

2. Table 2 is labeled table 3. Table 3 is labeled table 4.

Level of interest: An article of insufficient interest to warrant publication in a scientific/medical journal

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.