

A review of the effectiveness of peer-led interventions in health and well-being

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ABSTRACT

Peer education and peer counselling have existed as supplements to medical, nursing, and other professional staff interventions for health and welfare for many years, but satisfactory effectiveness research has just recently been available. These techniques may

offer advantages in accessing environments that experts cannot, but because of this, proving their efficacy is difficult. In this study, 58 reviews—including narrative reviews, systematic reviews, and meta-analyses—on this topic are evaluated. Fewer peer education reviews of specific medical illnesses and the jail environment were discovered, compared to numerous reviews of HIV/AIDS interventions and sexual health.

Key Words: *Mental health*

COMMENTARY

Reviews of breastfeeding and mental health were clear in peer counselling. Early evaluations frequently lamented a lack of research; later reviews demonstrated knowledge gains but no attitude improvements; still later reviews found both knowledge and attitude improvements; and most recently, there was proof of knowledge, attitude, and behavior improvements. Only when initiatives are well managed and the cultural context is taken into account are peer education and counselling beneficial (other areas of efficacy are unknown). The suggested action consequences for research, practice, and policy.

Where can the general public learn about medical diagnoses and treatments? Obviously, from medical professionals in hospitals and GP offices, as well as through patient education materials, websites of national health services, and pertinent charitable organizations. Additionally, from more extensive internet searches, where the veracity of the information starts to deteriorate as a result of talking to friends and family and, even worse, from social media, with its flood of false information.

The most vulnerable individuals in underdeveloped nations may not have access to the internet or may not be able to read. They may also have restricted access to doctors and nurses. Some at-risk populations are difficult to reach, even in industrialized nations, at least in terms of professional assistance. Peer education, peer counselling, peer

support, and other peer-led interventions have been employed with these groups for many years with the peer leaders receiving training and oversight.

According to this definition, peer education is "peers providing credible and verifiable information about sensitive life topics and the opportunity to discuss this in an informal peer group setting." Peer counsellors are described as "people from similar groups who are not professionals who help to clarify life problems and identify solutions by listening, clarifying, feeding back, summarizing, questioning, and being positive, supportive, and reassuring, then helping plan, organize, and problem solve."

Peer education and peer counselling are offered in elementary and secondary schools, colleges and universities, workplaces, work-related training programmes, and a variety of community settings. Such approaches go far beyond traditional education, reaching areas that specialists cannot reach while simultaneously providing a level of approachability that specialists may lack. Of course, this characteristic makes them intrinsically challenging to manage and assess. However, there is evidence—which has been there in the literature for years—that peer counselling can be just as helpful as professional counselling. Since helping others can be more therapeutic than receiving aid, many peer education and peer counselling programmers focus on helping others as well as helping those being helped.

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Although review quality has usually increased, there is still a great deal of variation between research and reviews and scant evidence of programme fidelity or implementation integrity. In addition, few assessments provided substantial evidence of the initiatives' long-term viability. Where follow-up was offered, it typically lasted between three and six months. There was also no evidence of more preventative or proactive interventions, and the majority of assessments assumed a narrow medical model in which a problem was first identified and then attempted to be fixed. The physical exercise research that was still in development was an exception.

According to the evidence, peer support, peer counselling, and peer education could be expanded upon and studied in a variety of contexts, including but not limited to those mentioned above. Further comparisons of this disparity would be helpful. Studies have shown that peer teaching is more effective than professional education and is favored by clients (e.g. in smoking, drug misuse, and incarceration). This has the consequence that some medical professionals may be partially re asked with peer-led project training, supervision, and monitoring. Additionally, youth and community workers who should be engaged in these outcomes oversee some peer education and couns-

elling projects. The management, initial training, supervision, support, monitoring, and retention of the programme all affect its quality. All of these variables need for forethought and resources. It should be mentioned in future studies that implementation fidelity or integrity monitoring has been unusual. Even though it may seem challenging, paying much greater attention to longer-term follow-up (up to two years) is necessary and should be done. When all the costs of conducting a high-quality programme are taken into account, peer education and counselling are not cost-effective.

Only in a few areas can peer education and peer counselling provide solid evidence of effectiveness in terms of knowledge and attitude gains and behavior change; more activity areas need be covered by study. The methods are practical and, in theory, effective, but they are difficult to manage and/or quality-control because so much activity occurs outside of situations that can be seen. Organizational variables must be carefully considered before launching any new initiative, and they must then be handled. New programmes will require careful planning, execution, monitoring, and evaluation. On open access, further details about this study are available.