

Touch Network

Literature Report

March 2022

Touch Network: Southampton Stories

Touch Network was awarded a grant from the National Lottery Community Fund in 2021 to deliver Southampton Stories: neighbourhood storytelling events that provide a platform to share and hear personal stories from individuals that hope to enable positive change in communities.

Background to literature report

Wessex Academic Health Science Network (WAHSN), as part of its advice support to Touch Network, undertook a literature search to a) source pre-validated instruments for outcomes and impact measurement relevant for Southampton Stories; b) identify relevant evidence to support the Touch Network approach to improving health and wellbeing. This literature report aims to provide background evidence consistent with the Touch Network approach.

Standard systematic or evidence review methods were not viable given resources available nor practical given the scope of the multiple key concepts of interest. In producing evidence from systematic reviews of multiple studies, a key procedure is the assessment of study quality. Poor study quality, for example, methods are poorly applied, impacts on the confidence of the study findings irrespective of positive results. Studies published in journals will have undergone peer review, whereas agency reports may not have undergone formal peer review. This weakens the evidence provided and therefore there is greater confidence in published systematic review results. This pragmatic literature report is not a systematic review. A consultation with members of the Touch Network team identified important outcomes expected from the people who join the Touch Network community and engage with their storytelling approach.

Report summary

A pragmatically focussed search of selected databases was undertaken primarily to identify guidelines, systematic reviews or substantive reports on key activities or outcomes of interest to Touch Network and its approach. Twenty-six articles were identified and are narratively described. Activities that connect, engage, and allow people to build relationships contributed positively to a reduction in isolation and loneliness, and provided improvements to social engagement and mental wellbeing. However, studies provide contradictory evidence, which suggests a lack of good quality evidence. Active listening to 'recovery narratives' (akin to storytelling) suggests multiple benefits enabling greater understanding, connectedness, and feelings of hope for the recipient of the narrative although such outcomes are contextualised by the type of narrative, its context and the recipient. Particularly highlighted was concern for harm with eating disorder narratives. Social prescribing which enables GPs and other primary care professionals to refer people to local, non-clinical services to support their health and wellbeing (potentially Touch Network), is currently poorly conceptualised for research and has yet to identify benefits. Again, peer support, an active area within the mental health sector, showed a mixed picture of benefit but not overall changing clinical



outcomes. However, Touch Network do not assume they will have a direct impact on clinical outcomes such as depression. Further good quality research will help to address important outcomes

related to improvements to mental wellbeing. Overall, the evidence identified revealed an under researched field that needs better conceptualisation of key concepts. Evidence for social interventions to support mental well being shows some benefit. The issue is not there is no benefit, it is a lack of good quality evidence to provide certainty either way. Therefore, the current state of the evidence does not reflect negatively on the approach undertaken by Touch Network.

Aims

To provide evidence to support Touch Network’s approach to storytelling and the anticipated outcomes on attendees.

Literature report approach

To identify the most relevant literature to inform the Touch Network approach, an exercise undertaken by WAHSN with Touch Network resulted in Table 1. Touch Network constructed a set of hypotheses (or assumptions) about their work, both activities and outcomes. Table 1 provides these key assumptions. Potential areas of research aligned with these hypotheses led to key topic areas most likely to provide results. These were for interventions: peer support, storytelling (or recovery narratives), community engagement, and outcomes: resilience, reduction in social isolation and loneliness, empowerment, anti-stigma. Valuing was identified as a mediating factor towards respect and social inclusion.

A pragmatic exploratory search purposively identified and selected published systematic reviews, single studies, guidance, and substantive reports on ‘mental wellbeing’ and ‘storytelling’ and other relevant key terms defined by Touch Network. Of particular interest were ‘peer support,’ ‘empowerment,’ ‘resilience,’ ‘isolation and loneliness,’ and ‘community engagement.’ Social prescribing is another known related term in mental health. Review of documents retrieved provided information and key findings relevant to the Touch Network project. Documents retrieved were not quality assessed due to restraints of this literature report. Appendix 1 provides a table of all relevant studies matching areas of research presented in Table 1. The Appendix 1 table shows whether an important finding is based on a single study or systematic review of multiple studies, in which studies will have undergone quality assessment, or whether it is a non-peer reviewed report or national evaluation. This table provides lead author, year of publication, type of document, country of origin and key finding. This report does not synthesise the studies; it is descriptive and provides a narrative overview of literature found.

Databases searched were PubMed Central, Cochrane Library, NICE and SCIE libraries.

Table 1. Touch Network hypotheses, areas of research

Touch Network hypotheses	Specific examples of how Touch Network do this	Potential research area
Receiving Peer Support is good for mental wellbeing.	Touch Network staff are part of the community they support they tell their stories; they share their vulnerabilities There is no division between the speaker and audience at events: there is no backstage area. Non judgemental listening at events insisted upon Coaching takes place in informal, public spaces	Peer Support and being part of a community of peers



Receiving coaching to create a narrative around a past life struggle is good for mental wellbeing.	The coach encourages storytellers to focus on overcoming and moving forward The coach listens non judgementally The storyteller is given clear guidance and boundaries on how to frame their story	Storytelling and narratives
getting through a past life struggle and sharing the experience is good for mental wellbeing.	Resilience is built through hearing other people's stories	resilience
Being part of a community that is inclusive (different struggles, backgrounds, gender, age etc.) is good for mental wellbeing.	Touch has an appointed 'Inclusion Lead', whose role is dedicated to ensuring events, literature and staff are inclusive Inclusion ambassadors (volunteers) advise on specific areas using specific expertise and experience Events are free	Inclusive community
Being supported in one's own local community amongst neighbours and friends is good for mental wellbeing.	Events take place in Southampton Touch Network takes part in outreach by attending local events and festivals	Community engagement and outreach
Being in a physical space that feels safe, comfortable, welcoming, and accessible is good for mental wellbeing.	Events take place in cafes Guests must book a ticket: there are no walk ins Tables are set out to encourage informal conversations Lighting is informal and cosy Venues are carefully selected and curated to be accessible and inviting	Physical environment and safe space
Being included in a primarily social event where everyone is invited is good for mental wellbeing.	Events are marketed and presented as social, not therapy or a formal service Each attendee is welcomed, spoken to, and given a programme	Social activities and isolation
Being in an environment where you are encouraged to reflect positively on how you have responded to life's struggles is good for mental wellbeing.	Speakers are encouraged to use the first person, thereby owning their story. This allows attendees to reflect on their own story and take their own learnings from the event. The celebratory atmosphere encourages positive reflection	Empowerment and self-confidence/belief
Being in an inclusive learning environment that encourages acceptance of self and of others is good for mental wellbeing.	The bravery of speakers sharing their vulnerabilities has the effect of inspiring others to do the same	Acceptance and anti-stigma
Being nurtured, valued thought of and well looked after is good for mental wellbeing.	Stories are valued and treated with respect. Storytellers are thanked for their contribution Storytellers are bought a drink, during coaching and at events Storytellers are contacted the day after the event to see how they are Storytellers are sent a handwritten thank you note and given the opportunity to provide anonymous feedback	Valuing

Results¹

A separate search undertaken for applicable resilience measures identified the Brief Resilience Scale (Smith et al, 2008), a validated tool that is short and potentially of use to Touch Network (previously sent to the team). In the current search, Linton (2016) conducted a review of measures for wellbeing that are clustered into six dimensions: mental wellbeing, social wellbeing, physical wellbeing, spiritual wellbeing, activities and functioning, and personal circumstances.

Table 2 shows the databases searched, documents identified, and the final number of studies included following a review of their relevance. They are reported in further detail in Appendix 1.

Table 2. Databases searched

Database	No. records identified	Full review	Key search terms	No. finally included in Table 2
SCIE Library ¹	19	19	Mental well being	12
NICE Library ²	13	1	Mental health and mental well being	1
Cochrane Library	2	2	Mental wellbeing/ peer support	1
PubMed Central	59 (845) ³	38	See below ³	12
Total	93	60	-	26

¹Social Care Institute for Excellence (SCIE) library – research and prevention filter and keywords for systematic reviews and literature reviews used the key term wellbeing. Many activities that help wellbeing were excluded e.g., yoga, environmental interventions, dance, art, dementia, music and singing etc.

²Most guidance in the NICE library for mental health and wellbeing focussed on specific subgroups: older people, young people (under 18), and workforce. Older people only relevant here.

³Pubmed searches used the following combined terms and retrieved numbers of records sifted on title and abstract to reach 59 records for review. “Mental wellbeing” (151), “Peer support” AND “mental wellbeing NOT Covid” (227), “Mental health” AND “story” AND “community” (62), “Recovery narrative” AND “mental health” (6), “Mental health” AND “community engagement” (115), “Mental health” AND “isolation” AND “community” AND “review” NOT “Covid” (124), “Mental health” AND “resilience” AND “empowerment” (160).

The twenty-six references included one guideline, twelve systematic reviews and two other literature reviews, and two substantive agency reports. The remainder were single study articles that were qualitative, or descriptive narrative reports. Five articles covered recovery narratives akin to storytelling. Four articles covered social prescribing. Eight articles covered peer support that is akin to the Touch Network peer-to-peer approach which encourages and enables sharing of lived experiences through verbal narratives. Important key terms relevant to attendee experience and the impact of sharing personal stories include loneliness, isolation, and mental wellbeing. Articles excluded were specific to certain populations, contexts or approaches that were not directly relevant to Touch Network.

¹ Please note citation of the included studies (Appendix 1) is reported by lead author and year rather than repeating et al, that lengthens the text unnecessarily. Reference list provides details of all authors. Single authorship not to be assumed. Most systematic reviews include more than one author. Other references are cited as usual.

Summary of literature on tackling isolation, loneliness and mental well being

These systematic reviews and studies were not quality assessed and therefore this report presents no judgement on the quality of their findings. However, systematic reviews will have conducted a quality assessment of their included studies, which suggests their findings provide greater confidence.

To manage loneliness and isolation to improve mental wellbeing, the importance of relationships and social contact in which facilitation via community connectors was identified as factors that could enhance a person's confidence and their social connections (Giebal 2020). The Mental Health Foundation proposes a life course approach to mental health to reduce stigma and discrimination by increasing mental health literacy across the entire population (Mental Health Foundation, Better Mental Health for all). This is in keeping with the ambition of the Touch Network neighbourhood approach to engagement in storytelling events. Another Mental Health Foundation report focusses on the importance of forming healthy relationships to manage mental health. For people aged over sixty-five, the NICE guideline recommends group-based activities on a regular basis to support mental wellbeing as well as manage isolation and loneliness (NICE 2020).

Ronzi (2018) reviewed forty studies (qualitative and quantitative) evaluating multiple group-based interventions to improve isolation in the over sixty-fives and found little evidence that was relevant to the wider older population. However, valuing was identified as one mediating factor (qualitative evidence) in interventions that targeted respect and social inclusion outcomes. Webber (2017) found little useful evidence to support activities to address social isolation and included both community engagement and peer support interventions in their review. Two interesting systematic reviews McClean (2019) and Flores (2018) investigated the impact of community businesses operating in the health and social care sector and social capital studies. The former concluded such businesses were as effective as traditional services and fill a gap in provision. The latter indicates improvements to mental health outcomes overtime but little evidence of benefit over the long term. Evidence to improve loneliness and isolation and mental wellbeing using community based social interventions, did not provide conclusive evidence of their effect.

Literature on recovery narratives

Five studies and one systematic review provide evidence on recovery narratives. Three provided the most relevant information. Recovery narratives are first-person accounts of recovery from mental health problems that refer to events or actions over time (Rennick-Egglestone, 2019a). Ng (2019) developed a causal chain to understand the mechanisms by which hearing a recovery narrative benefits a recipient improving their social connectedness. This causal chain starts with reflection on one's own experience leading to a connection through three mechanisms: comparing oneself with the narrative and narrator; learning about others' experiences; and experiencing empathy. These mechanisms led to outcomes through three processes: the identification of change (through attending to narrative structure); the interpretation of change (through attending to narrative content); and the internalisation of interpretations. In determining evidence of the impact of receiving someone's account of recovery, akin to listening to someone's life experience told through storytelling, Rennick-Egglestone (2019a) concluded multiple impacts potentially provided benefit moderated by the person receiving the narrative, the context, and the narrative itself. They raised a particular concern around eating disorder narratives as more harmful than beneficial. Positive impacts identified were connectedness, understanding of recovery, reduction in stigma, validation of personal experience, affective responses, and behavioural responses. In an additional qualitative study, Rennick-Egglestone (2019b), propose additional positive outcomes: hope, appreciation, and

stigma reduction from experiencing recovery narratives. They propose a sense of inadequacy as a potential harmful outcome.

Literature on social prescribing

Four reviews address the impact of social prescribing, which enables GPs and other primary care professionals to refer people to local, non-clinical services to support their health and wellbeing. Services provided by voluntary and community organisations are wide ranging and cover a wide range of health needs including mental health. Touch Network is potentially relevant for social prescription. Morris (2020), through policy analysis, seeks to develop a model for community social prescribing connecting people and connecting communities. Authors conclude that community wellbeing will be enhanced by improved civic participation through a reciprocal wellbeing transfer among individuals and to the community as a whole, uniquely benefitting both individuals and communities. The other three reviews (Baskin 2021, Vidovic 2021, Bickerdale 2017) conclude that there is not enough evidence to suggest that social prescribing provides benefits. Poor definition of concepts and measurement hampered these evaluations. Although, social prescribing is considered to have potential (Morris, 2020), evidence, thus far has not shown its value.

Literature on peer support

Finally, eight studies provide information on peer support. That is, those with lived experience providing support by example to those who are actively experiencing mental health issues. Peer approaches are not new, but they have become more actively employed in mental health services. Five reviews and three qualitative studies suggest that peer support has a modest effect on empowerment and self-reported recovery, but there is negligible impact on clinical outcomes (White 2020, Lyons 2121). Clinical outcomes are not relevant to Touch Network. However, mental health service-user outcomes are neither better nor worse than those achieved by professionals employed in similar roles (Pitt 2013). Current literature supports the inclusion of peer support workers in the mental health care workforce along with support for those peer workers (Shalaby 2020). An early review showed peer support was superior to usual care for those with depression but not better than cognitive behavioural therapy (Pfeiffer 2011). The three qualitative studies suggest that peers need to move from providing their personal experience to providing expertise based on their experience (Jacobson 2012, Austin 2014, Gillard 2015).

Context of Touch Network

This short pragmatic literature review has sought to locate appropriate evidence akin to the service and activities provided by Touch Network. Much of the evidence comes from more traditional mental health service provision, where interventions seek to have an impact on clinical outcomes. Touch Network is not replacing such services. Mental health service provision covers a spectrum of needs acute in-patient care to community based psychoeducational support. Touch Network seeks to improve an individual's experience to improve their overall mental well being. The service provided is sensitive to, and mindful of, potential risks involved in the "storytelling" process through their coaching.

Conclusions and recommendations

Touch Network sits within the provision of community mental health; however, it is local, and community driven rather than service driven (by either primary or secondary NHS healthcare or local social care provision). This literature report places Touch Network's aims and anticipated outcomes

in the relevant research literature. Relevant areas of research are in their infancy (peer support and social prescribing) and require more and better studies. The limited search undertaken likely missed relevant studies, which a more extensive systematic review would capture. Overall, the literature identified in this report indicates the need for further good quality research to address the important outcome ‘mental well being’ and how that is best characterised. Likewise, research needs to identify the interventions most likely to improve mental well being.

This report can enable Touch Network to express coherently, with reference to the research literature, its approach and why it is potentially beneficial to people and their mental well being. This may assist with funding applications and reports to public authorities and charitable funders. As a new community service, future progress may involve a fuller evaluation in the future and this literature may assist in specifying important anticipated outcomes for measurement.

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Appendix 1

Literature review table of studies

	Lead author and year	Publication and study type	Study type	Country of origin	Key report term covered	Target population	Target intervention	Key finding
1	Giebal 2020	Journal article	Qualitative single service evaluation	UK	Loneliness and isolation	Middle age and older adults	Community connectors	Connectors provide easier access to supportive social activities. Enhanced individual's confidence and social networks that in turn led to them feeling less lonely, isolated, and more socially connected.
2	Mental Health Foundation	Agency Report	Based on case study examples	UK	Mental well being	All – public health approach	Multiple community based	Describes an asset based public health approach to mental health that recommends Adopt a life course approach. Place-based intervention in settings such as schools, workplaces and communities complement the life course approach and makes the most of existing opportunities. Reduce stigma and discrimination by increasing mental health and wellbeing literacy across the entire population. Include interventions to improve understanding of the impact stigma and discrimination have on the lives of people with mental health problems.
3	Mental Health Foundation	Agency Report	Literature review/ summary report	UK	Mental wellbeing Isolation and loneliness	Adults	Relationships	Discusses the importance of good quality relationships for social connection and better mental health. Toxic relationships however are more damaging than living alone. Advocates for tackling the barriers to forming good relationships as important as tackling obesity or smoking on health outcomes.

	Lead author and year	Publication and study type	Study type	Country of origin	Key report term covered	Target population	Target intervention	Key finding
4	NICE 2020	Guideline	Multiple systematic reviews and recommendations	UK	Mental well being	People aged 65 or older	Multiple	Provides guidance on provision of activities to socialise recommending regularity of event at regular times. Group based activities: multi-component with a range of physical, art, musical and intergenerational activities.
5	Ronzi 2018	Journal article	Systematic review	UK/ international	isolation	Older adults (60+)	Respect and social inclusion interventions	Identified 40 studies (using multiple methods) evaluating multiple interventions: singing, dancing, mentoring etc. In conclusion, studies were limited in providing any useful findings to a wider population (overly specific to older people).
6	Webber 2017	Journal article	Systematic review	UK/ international	isolation	Adults	Social networks (participation) and mental health	19 interventions from 14 countries covering training, community engagement, employment, and peer support interventions. Social network gains appear strongest for supported community engagement interventions – overall there was limited evidence.
7	McClellan 2019	Report (Power to change Research Institute report No. 20	Systematic review	UK	Well-being	Adults	Community businesses	Investigates the impact of community businesses operating in the health and social care sector. Studies identified are limited in conclusive findings and more evidence-based comparisons are needed. Key findings found that these businesses provided impacts on social connectedness, self-esteem, physical health, mental well being and quality of life. Authors conclude that these businesses are as effective as traditional services and fill a gap in provision.

	Lead author and year	Publication and study type	Study type	Country of origin	Key report term covered	Target population	Target intervention	Key finding
8	Flores 2018	Journal article	Systematic review	UK/ international	Community engagement, resilience	Adults	Social capital-based interventions	SC = an invaluable resource for the public as it “represents the characteristics of social organization, networks, rules, and trust that facilitate coordination and cooperation for mutual benefit” (Flores 2018, P2) Few social capital studies identified some improvements to mental health outcomes overtime but little evidence of benefit.
Recovery narratives (personal stories)								
9	Rennick-Egglestone 2019a	Journal Article	Systematic review and narrative synthesis	UK/ international	Recovery narrative (storytelling)	Recipients of the narrative	Narratives	MHRN=first person accounts of recovery from mental health problems that refer to events or actions over time. Evidence of impact for receiving a narrative. Five articles were identified. Forms of impact identified were connectedness, understanding of recovery, reduction in stigma, validation of personal experience, affective responses, and behavioural responses. Impact was moderated by characteristics of the recipient, context, and narrative. Increases in eating disorder behaviours were identified as a harmful response specific to recipients with eating disorders.
10	Rennick-Egglestone 2019b	Journal article	Qualitative study	UK	Recovery narrative	MHSU to share recovery narrative	Recovery narrative	Change is initiated when a recipient develops a connection to a narrator or to the events described in their narrative. Change is mediated by the recipient recognising experiences shared with the narrator, noticing the achievements or difficulties of the narrator, learning how recovery

	Lead author and year	Publication and study type	Study type	Country of origin	Key report term covered	Target population	Target intervention	Key finding
								happens, or experiencing emotional release. Helpful outcomes of receiving recovery narratives are connectedness, validation, hope, empowerment, appreciation, reference shift and stigma reduction. Harmful outcomes are a sense of inadequacy.
11	Truong 2019	Journal article	Qualitative study	US	Personal narratives (story telling)	Peer and peer partner (with depression)	Narratives (self disclosure)	Study found that peer self-disclosure modelled positive behaviour, reframed peer views, provided coping mechanisms and information. Also, peer support-built rapport, showed empathy and engagement with peer partner.
12	Stuart 2014	Journal article	Intervention description	Canada	Peer support narratives	Youth, health care providers, media, and workplaces	Contact based education	Contact-based education has the capacity to reduce prejudicial attitudes and improve social acceptance of people with a mental illness across various target groups and sectors.
13	Ng 2019	Journal article	Causal chain development	UK	Recovery narrative (storytelling)	Mental health service users (not peers)	Recovery narrative	Receiving a recovery narrative led MHSU to reflect upon their own experiences or those of others, which then led to connection through three mechanisms: comparing oneself with the narrative and narrator; learning about other's experiences; and experiencing empathy. These mechanisms led to outcomes through three processes: the identification of change (through attending to narrative structure); the interpretation of change (through attending to narrative content); and the internalisation of interpretations.

	Lead author and year	Publication and study type	Study type	Country of origin	Key report term covered	Target population	Target intervention	Key finding
Social prescribing								
14	Morris 2020	Journal article	Policy review	UK	Social isolation, loneliness, lack of connection to local resources	All- mental health	Development of a model of community enhanced social prescribing	Model seeks to increase a sense of community wellbeing based on two models connecting people and connecting communities (inclusive). Model evaluated – theory of change presented. Refers to a Brief sense of community scale (Peterson 2008)
15	Baskin 2021	Journal article	Scoping review	UK/ international	Community centred Interventions to improve mental health and wellbeing of adults from ethnic minority populations	Ethnic minority adults	Multiple	Identified 7 relevant studies. Authors consider the study evidence poor overall (high risk of bias). Interventions that reported positive effects were those that used lay health workers from within the community and signposting and strategies to overcome structural barriers to access.
16	Vidovic 2021	Journal article	Systematic review	UK/ international	Loneliness, isolation, well being	Adults' health and social care	Social prescribing	Reviewed 51 studies. Studies focussed on impacts on the individual, the system, and the community. Although change is established in the individual studies review authors state this is not necessarily attributable to social prescribing. Concepts and measurement were problematic across the studies.
17	Bickerdale 2017	Journal article	Systematic review	UK/ international	Well-being	Adults in primary care	Social prescribing	Identified 15 studies. Most were poor small scale and poorly reported. Most presented positive findings but with

	Lead author and year	Publication and study type	Study type	Country of origin	Key report term covered	Target population	Target intervention	Key finding
								evidence available it is not possible to judge success or value for money.
Peer support								
18	White 2020	Journal article	Systematic Review	UK/ international	Peer support	Adults using mental health services	One to one peer support	Identified 23 studies reporting 19 RCTs. Meta-analysis on 11 outcomes provides evidence that one to one peer support may have a modest positive impact on self-reported recovery and empowerment. There was no impact on clinical symptoms or service use. Peer support might improve social network support.
19	Lyons 2021	Journal article	Systematic review	UK/ international	Peer support	Adults using mental health services	Group peer support	Eight trials. Most were at high risk of bias. That is quality of studies was low. Meta-analysis was conducted on 5 outcomes and found group peer support may make small improvements to overall recovery but not hope or empowerment individually, or to clinical symptoms. Evidence was limited.
20	Hameed Shalaby 2020	Journal article	Literature review	Canada/ international	Peer support	Adults, mental health, addiction	Peer support	Examined types of peer support, transitions from patient to peer support and into mental health services and then provide a conceptual framework for effects of peer support and stigma in relation to peer support workers. Current literature supports the inclusion of peer support workers in the mental health workforce. Care of PSW requires ongoing support from healthcare practitioners and managers etc.
21	Pitt 2013	Journal article	Systematic review	International	Peer support	Adults of statutory mental	Consumer providers of care	Identified 11 RCTs and concluded that consumer providers (peers) in mental health teams can impact on psychosocial, mental health symptoms and service use

	Lead author and year	Publication and study type	Study type	Country of origin	Key report term covered	Target population	Target intervention	Key finding
						health services		outcomes for clients that neither better nor worse than those achieved by professionals employed in similar roles. Low quality evidence (so not so reliable) suggests that consumer providers (peers) may provide a small reduction in clients' use of crisis or emergency services. There is no evidence of risk to service users.
22	Pfeiffer 2010	Journal article	Systematic review	US/ international	Peer support	Adults with depression	Peer support	Identified 7 RCTs and found that peer support was superior to usual care in reducing depressive symptoms but was not conclusive when compared with cognitive behavioural therapy.
23	Jacobson 2012	Journal article	Qualitative study	Canada	Peer support	-	Peer support job description	Peer support workers require more than lived experience and need other skills to enhance their role. Different activities undertaken by peer support workers are described. The job description defines task and duties, and qualifications beyond lived experience.
24	Austin 2014	Journal article	Qualitative study	US	Peer support	Peer advocates	Peer support	Identified three themes: transforming experience into expertise, understanding the mechanics of peer support, and launching peers towards their own recovery. Peer support helps to empower others.
25	Gillard 2015	Journal article	Qualitative study	UK	Peer support	Peer workers	Peer support	Key change mechanisms of peer support workers were: (i) building trusting relationships based on shared lived experience; (ii) role modelling individual recovery and living well with mental health problems; (iii) engaging

	Lead author and year	Publication and study type	Study type	Country of origin	Key report term covered	Target population	Target intervention	Key finding
								service users with mental health services and the community.
Measurement instrument								
26	Linton 2016	Journal article	Systematic review	UK/ international	Well-being	Adults' Generic populations	Instruments to measure well being	99 measures of wellbeing were identified, and 196 dimensions of wellbeing were identified within these measures. Dimensions clustered around 6 thematic domains: mental wellbeing, social wellbeing, physical wellbeing, spiritual wellbeing, activities and functioning, and personal circumstances. Paper provides an organised toolkit of instruments, dimensions, and glossary. This illustrates breadth of the wellbeing concept.