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When we began this enquiry an equivocal evidence base suggested reducing hospitalisation as the most promising potential effect of peer support. Many people we spoke to in the peer support community - and in our team - doubted that this would be the case, suggesting that any effects would be more immediately personal or social. Our subsequent review of one-to-one peer support in mental health services did not indicate a significant effect of peer support on hospitalisation (including rehospitalisation post-discharge),1 a finding that was reflected in our trial.

As such, we are specific in cautioning against the implementation of one-to-one peer support in the expectation that it will impact psychiatric hospitalisation. Our review did indicate potential effects of peer support on empowerment, personal recovery and social network.1 Further trials might strengthen that evidence and also elucidate the important potential benefits of peer support for Black people using mental health services that we observed.

In the real world, as in trials, not everyone takes up the offer of support, so it is appropriate to base general recommendations on intention-to-treat analyses. Moreover, we do not think that 62% of people taking up a minimum offer of peer support necessarily represents an implementation failure. First, our peer support was developed through an extended programme of work with survivor researchers, peer workers and people running peer-led services,2 grounded in a principles framework.3 One of those principles was choice in engaging with peer support. Second, in in-depth interviews peer workers delivering the peer support reported feeling well supported in the role through training, supervision and a supportive team, at least in part indicative of successful implementation.4 Nonetheless, implementation questions remain important and our continued research explores, quantitatively and qualitatively, associations between peer-to-peer relationship, engagement with peer support and outcome, and will be published in due course.

1. White, S., Foster, R., Marks, J., et al. (2020). The effectiveness of one-to-one peer support in mental health services: a systematic review and meta-analysis. BMC Psychiatry 20, 534. <https://doi.org/10.1186/s12888-020-02923-3>
2. Gillard, S., Foster, R., Gibson, S.L., Goldsmith, L., Marks, J., White, S. (2017). Describing a principles-based approach to developing and evaluating new peer worker roles as peer support moves into mainstream mental health services Journal of Mental Health and Social Inclusion 21(3): 133-143, <https://doi.org/10.1108/MHSI-03-2017-0016>
3. Marks, J., Foster, R., Gibson, S.L., et al. (2021). Development of a peer support intervention to improve the experience and outcomes of discharge from inpatient mental health care: the role of experiential knowledge in a coproduced approach. BMC Research Notes 14, 320. <https://doi.org/10.1186/s13104-021-05735-0>
4. Gillard, S., Foster, R., White, S., et al. (in press). The impact of working as a peer worker in mental health services: a longitudinal mixed methods study. BMC Psychiatry.