CRD summary
The authors concluded that befriending had a modest effect of depressive symptoms and emotional distress in varied patient groups. The quality of the included trials was a cause for concern, but the review was generally well conducted. The authors’ conclusions were suitably cautious and appear appropriate.

Authors’ objectives
To examine the effectiveness of befriending in the treatment of emotional distress and depressive symptoms in individuals in the community.

Searching
MEDLINE, EMBASE, PsycINFO, Cochrane Central Register of Controlled Trials (CENTRAL), CINAHL, Campbell Collaboration Register, Web of Knowledge, NRR, PsTr, ISRCTN Register, mRCT and ReFeR were searched from 1980 to April 2008 for articles in any language. Search terms were reported. Reference lists of retrieved articles and known reviews of social support interventions were searched manually.

Study selection
Randomised controlled trials (RCTs) of individuals aged 14 or over who were residing in the community and allocated a befriending intervention compared with usual care/control, alternate active comparator or other comparisons were eligible for inclusion. Befriending interventions were defined as interventions that introduced the client to one or more individuals who aimed to provide social support through development of an affirming, emotion-focused relationship over time. Trials were excluded if informational, instrumental or appraisal support formed a key component of the intervention. Mentoring interventions, self-help interventions, psychoeducational interventions and formal psychological interventions were excluded. Trials where the befriender was a family member, caseworker or general practitioner were excluded.

The included trials evaluated befriending used in: family carers; pregnant women; postnatal women; people with schizophrenia, depression, multiple sclerosis, chronic illness and prostate cancer; and older individuals with low support or recent bereavement. Befrienders were primarily volunteers; some were social/medical professionals and students. Most befriending was delivered face-to-face with or without telephone support; some befriending services were totally telephone based. Comparators included usual care/no treatment, alternative psychological interventions and other comparisons. The number and duration of befriending contacts varied from three visits in seven days to monthly visits over a year (median was a one-hour weekly session for three months). The primary review outcome was depressive symptoms; included studies used different methods of assessing this (details were reported). The secondary outcome was perceived social support.

A team of four reviewers working in pairs independently undertook the selection process. Disagreements were resolved through team discussion and/or contact with study authors.

Assessment of study quality
The following aspects of validity were extracted: concealment of allocation; blinding; sample size and power calculation; uptake and drop-out rates; and statistical analysis. Overall trial quality was determined based on at least 80% follow-up and adequate allocation concealment. Trials that fulfilled both criteria were deemed high quality, trials that fulfilled one criteria medium quality and trials that fulfilled neither criteria were judged low quality.

Pairs of reviewers appeared to undertake the quality assessment as part of the data extraction process.
Data extraction
Pairs of reviewers independently extracted data on depressive symptoms, perceived social support and other psychological and social well-being measures that was used to calculate standardised mean differences (SMDs) and 95% confidence intervals (CIs).

Methods of synthesis
The pooled weighted mean differences, together with 95% CIs, were calculated using a random-effects meta-analysis. Statistical heterogeneity was assessed using the $I^2$ statistic. Publication bias was assessed using funnel plot analysis and Egger’s regression method.

Results of the review
Twenty-four RCTs were included in the review. The trial sample size ranged from 32 to 509 participants. Eight studies were deemed high quality, ten medium quality and six as low quality. There was evidence of publication bias in the short-term outcomes for befriending versus usual care/no treatment.

Befriending versus usual care/no treatment (14 RCTs): In the short-term (less than 12 months), befriending was statistically significantly more effective than usual care in terms of depressive symptoms (SMD -0.27, 95% CI -0.48 to -0.06, $I^2=56%$; nine RCTs). In the long term (more than 12 months), befriending was statistically more effective than usual care in terms of depressive symptoms (SMD -0.18, 95% CI -0.32 to -0.05, $I^2=8%$; six RCTs). There was no statistically significant difference between befriending and usual care on social support outcomes (six RCTs).

Befriending versus active treatment (10 RCTs; not all provided appropriate data): There was no statistically significant difference in measures of depression between befriending and the following active treatments: cognitive behavioural therapy (CBT; two studies); nurse CBT problem solving (one study); nurse education and self-efficacy (one study); local community support group (one study); and family therapy (one study).

Cost information
One study suggested that befriending had the potential to be cost-effective and one study showed no benefit with befriending and thus no cost-effectiveness. Three studies reported economic analysis; none of these studies reported clinical benefits from befriending.

Authors’ conclusions
Befriending had a modest effect on depressive symptoms and emotional distress in varied patient groups.

CRD commentary
Inclusion criteria for the review were clearly defined. A comprehensive search was undertaken without language restrictions. Publication bias was assessed and could not be ruled out for one of the analyses. Pairs of authors performed study selection, data extraction and quality assessment in order to minimise error and bias in the analysis. The quality assessment was not based on a validated tool and may not have given a true indication of the trial quality, but it indicated two key quality problems with many of the included trials. Trials were combined using meta-analysis and heterogeneity was explored, which was appropriate. The quality of the included trials was a cause for concern, but the review was generally well conducted. The authors’ conclusions were suitably cautious and appear appropriate.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that further research was needed to identify target populations, optimal methods of delivery and methods by which befriending works. Befriending should be compared with established treatments including CBT.

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