Authors' objectives
To order the literature published on social support interventions by classifying the literature in a manner useful for researchers and practitioners, and to investigate the difficulties in translating social support into effective interventions.

Searching
Studies were drawn from computer searches (from 1970 to July 2000) of MEDLINE and PsycINFO, and from searches of secondary sources (e.g. references cited in identified papers). The keywords were 'social support and intervention', 'social support and treatment', 'social support and therapy', 'social support', 'support', 'intervention', 'therapy' and 'treatment'.

Study selection
Study designs of evaluations included in the review
No inclusion or exclusion criteria relating to the study design were given. Any study design was eligible for inclusion in the review. However, studies that did not report inferential statistics were excluded, unless they utilised an innovative intervention strategy.

Specific interventions included in the review
Studies which stated that the improvement of social support was a goal of treatment were included in the review. For the purpose of review and evaluation, the studies were categorised as follows: group versus individual interventions; professionally led versus peer-provided treatment; and interventions where an increase of network size or perceived support was the primary target versus those where the building of social skills (to facilitate support creation) was the focus. Studies were excluded if descriptions of the intervention were insufficient to allow the intervention to be categorised. Studies were also excluded if efforts to improve social support were only one component of a larger treatment programme.

Among the interventions included in the review were individual interventions, group interventions, and interventions combining individual and group aspects. Individual interventions provided support through family and/or friends, through peers and through professionals. Group interventions provided support through family and/or friends, through peers or self-help groups, and through training groups.

Participants included in the review
Any population was eligible for inclusion in the review. The authors located studies investigating various users of health services, as well as the parents of children with behavioural problems, carers and employees. Users of health services included those with cancer, cardiovascular diseases, degenerative diseases, human immunodeficiency virus, irritable bowel syndrome, rheumatological disorders or psychiatric and psychological disorders, drug users, the elderly, overweight persons, women in pregnancy and labour, smokers and persons undergoing surgery.

Outcomes assessed in the review
Studies that did not test intervention efficacy were excluded from the review.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors assessed whether study outcome measures were appropriate. No other aspect of study quality appears to have been systematically assessed. The authors did not state how the papers were assessed for quality, or how many reviewers performed the quality assessment.
Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction. The following data were extracted and tabulated: the authors, year of publication, sample size and description, intervention, study design, measure of support and study results.

Methods of synthesis
How were the studies combined?
The authors stated that, owing to the wide range of different social support interventions and targeted populations, evaluation of the treatment outcome using a meta-analysis was precluded and that many of the studies were plagued by design flaws. Since a meta-analysis would potentially lead to a distorted picture of social support intervention effectiveness, a narrative overview was provided.

The studies were grouped for discussion according to whether they reported on individual or group interventions and, within these strata, by the source of the social support (e.g. peers, family members, professional carers).

How were differences between studies investigated?
Differences between the studies were discussed as part of the narrative synthesis of the data. No formal test of heterogeneity was conducted.

Results of the review
The authors located 95 separate studies which collectively enrolled over 26,436 participants (the number of participants in one study was not reported). There were 87 experimental studies (n > 23,406), of which 72 were randomised controlled trials (RCTs) (n > 21,382, range: 13 to 4,103), 9 were non-randomised controlled trials (n=1,875, range: 29 to 734), 2 were self-allocated controlled trials (n=45, range: 15 to 30), 2 were before-and-after studies (n=16, range: 6 to 10), and 1 was a controlled study (n=32) in which the method of allocation was unclear. There were 8 observational studies (n=3,030, range: 10 to 2,337).

The results of the research reviewed very tentatively suggest that support provided by friends and/or family members and by peers is beneficial and that social support skills training may be especially useful. These findings hold across both individual and group interventions and for peer- and professionally-directed protocols. A large variety of existing different treatment protocols and areas of application were located, but there were insufficient data to differentiate which interventions work best for any specific problems. It was noted that interventions that emphasised reciprocal support (e.g. both giving and receiving support) demonstrated more encouraging results, suggesting that merely receiving support may not be as potent as mutual exchanges of support. There were few comparisons of different forms of social support interventions.

The authors of the review reported that it was unclear whether patients specifically seek group or individual interventions, i.e. whether they prefer unstructured, peer-centred groups or would be willing to participate in other forms of support interventions, nor is it known what form of intervention would be most efficacious.

Authors' conclusions
This review provided some support for the overall usefulness of social support interventions, but there is still insufficient evidence to conclude which interventions work best for what problems.

CRD commentary
The authors produced a high-quality review, which was conducted to answer a very broad question not limited to any population.

Comprehensive details of the included studies were provided. The narrative synthesis of the results of the review - an appropriate choice of technique - adequately combined the individual sources of information to give an overall sense of
the research evidence for this category of intervention.

The literature search was adequate, but it could have been improved by searching a greater range of databases with a wider geographical coverage. The authors discussed the content of the included studies but did not formally investigate the quality of the studies other than the appropriateness of the outcomes measured; an assessment of other aspects of quality may have benefited the review.

Overall, the conclusions drawn appear to have been appropriately tentative in view of the paucity of information on the specific interventions. The expansive section in the final report, which discussed methods by which research could be better conducted in the future, was particularly informative.

**Implications of the review for practice and research**

**Practice:** The authors stated that one study found that it may be useful to separate first-time cardiac patients from ‘return cases’, as they may act as negative role models. This may be a consideration for those in the health service who are responsible for room allocation (e.g. nurses-in-charge or bed managers) or ward design (e.g. senior managers).

**Research:** The authors mentioned specific areas for potential research. Clearly targeting and assessing ways in which support is provided through family and friends, in a group therapy environment, may be important in determining whether or not particular forms of support (e.g. emotional or instrumental) are beneficial.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.