

Data supplement

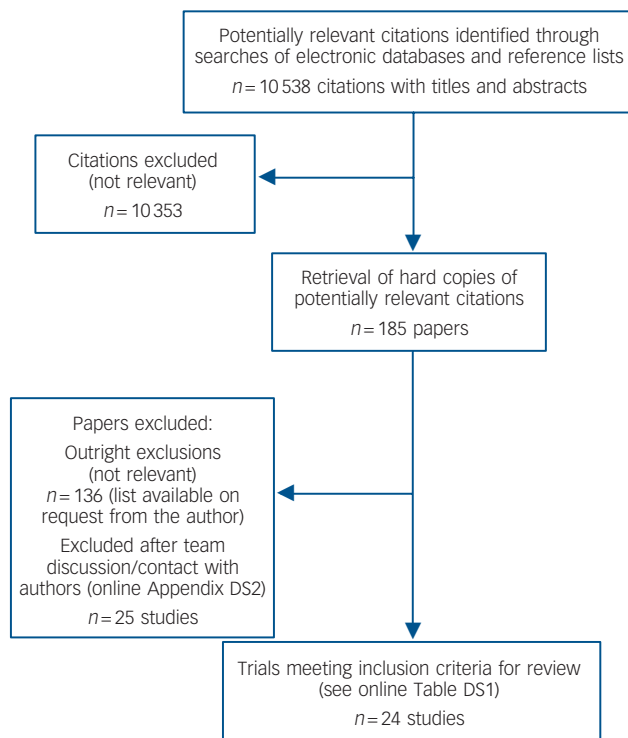


Fig. DS1 Flow chart of study selection process.

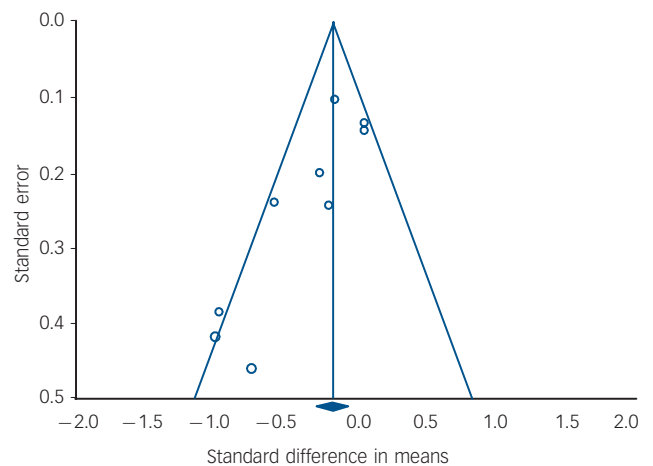


Fig. DS2 Funnel plot of standard error by standard difference in means.

Egger's regression test (zero if unbiased) Intercept -2.561 (s.e. = 0.738), $t = 3.470$, d.f. = 7 , $P(2\text{ tailed}) = 0.010$.
Note that negative effect sizes represent studies in which befriending was more effective than usual care.

Appendix DS1

MEDLINE search strategy

Befriending OVID MEDLINE (Index Medicus)

1. (peer adj5 support\$).tw.
2. (lay adj5 support\$).tw.
3. (volunteer adj5 support\$).tw.
4. buddy.tw.
5. buddies.tw.
6. (friend\$ adj5 support\$).tw.
7. (mutual\$ adj5 support\$).tw.
8. (social\$ adj5 help\$).tw.
9. (peer\$ adj5 help\$).tw.
10. (lay adj5 help\$).tw.
11. (volunteer\$ adj5 help\$).tw.
12. (friend\$ adj5 help\$).tw.
13. (mutual\$ adj5 help\$).tw.
14. (social adj5 network\$).tw.
15. (peer adj5 network\$).tw.
16. (lay adj5 network\$).tw.
17. (friend\$ adj5 network\$).tw.
18. (mutual\$ adj5 network\$).tw.
19. (volunteer\$ adj5 network\$).tw.
20. (social adj5 visit\$).tw.
21. (peer adj5 visit\$).tw.
22. (lay adj5 visit\$).tw.
23. (volunteer\$ adj5 visit\$).tw.
24. (friend\$ adj5 visit\$).tw.
25. (mutual\$ adj5 visit\$).tw.
26. paid worker\$.tw.
27. (home adj visit\$).tw.
28. (home adj based).tw.
29. (community adj based).tw.
30. (community adj worker\$).tw.
31. (support adj worker\$).tw.
32. (trained adj volunteer\$).tw.
33. (lay adj worker\$).tw.
34. exp Friends/
35. Voluntary Workers/
36. Education, Nonprofessional/
37. Community Mental Health Services/
38. Urban Health/
39. Urban Health Services/
40. exp Community Networks/
41. Home Nursing/
42. Home Care Services/
43. or/1-42
44. Social Support/
45. Trust/
46. (social adj5 support\$).tw.
47. befriend\$.tw.
48. (psychosocial adj support).tw.
49. (psycho-social adj support).tw.
50. (supportive adj relationship\$).tw.
51. (psychosocial adj adapt\$).tw.
52. (psycho-social adj adapt\$).tw.
53. (social adj interaction adj program\$).tw.
54. (loneliness adj intervention\$).tw.
55. (visit\$ adj service\$).tw.
56. (dyadic adj intervention\$).tw.
57. (one to one adj support).tw.
58. (family adj support).tw.
59. (support\$ adj listening).tw.
60. (psychosocial adj intervention\$).tw.
61. (psycho-social adj intervention\$).tw.
62. (emotion\$ adj support\$).tw.
63. (emotion\$ adj relationship\$).tw.
64. (emotion\$ adj friend\$).tw.
65. (emotion\$ adj focus\$).tw.
66. (friend\$ adj5 support\$).tw.
67. (transition\$ adj support\$).tw.
68. (coping adj5 skill\$).tw.
69. (coping adj5 behavior\$).tw.
70. (coping adj5 behaviour\$).tw.
71. (trust\$ adj5 support).tw.
72. (trust\$ adj5 relationship\$).tw.
73. (trust\$ adj5 friend\$).tw.
74. or/44-73
75. 43 or 74
76. Randomized controlled trial.pt.
77. Controlled clinical trial.pt.
78. Randomized controlled trials.sh.
79. Random allocation.sh.
80. Double blind method.sh.
81. Single-blind method.sh.
82. or/76-81
83. (Animals not humans).sh.
84. 82 not 83
85. Clinical trial.pt.
86. exp Clinical Trials/
87. (clin\$ adj25 trial\$).ti,ab.
88. ((singl\$ or doubl\$ or trebl\$ or tripl\$) adj25 (blind\$ or mask\$)).ti,ab.
89. Placebos.sh.
90. placebo\$.ti,ab.
91. random\$.ti,ab.
92. Research Design.sh.
93. or/85-92
94. 93 not 83
95. 94 not 84
96. Comparative study.sh.
97. exp Evaluation studies/
98. Follow up studies.sh.
99. Prospective studies.sh.
100. (control\$ or prospectiv\$ or volunteer\$).ti,ab.
101. or/96-100
102. 101 not 83
103. 102 not (84 or 95)
104. 84 or 95 or 103
105. 75 and 104
106. limit 105 to yr="2007"

Table DS1 Studies and comparisons included in the review ^a					
Study	Befriending intervention	Befriending intervention 2	Control	Comparator 2	Comparator 3
Barnett 1985 ¹⁶	Lay support from experienced mothers		Usual care	Social worker support with psychoeducation and behaviour modification	
Berkman 1999 ¹⁷	Telephone support from non-professional staff	Telephone support from social work professionals			
Brent 1997 ¹⁸	Family psychoeducation plus non-directive supportive treatment			Family psychoeducation plus systemic behaviour family therapy	Family psychoeducation plus CBT
Bullock 1995 ^{19a}	Telephone support from volunteer women		Usual care		
Carroll 2006 ²⁰	Telephone support from peer advisors		Usual care	Telephone psychoeducation from advanced practice nurse	
Chang 1999 ²¹	Nurse telephone support			CBT-based nurse support and problem-solving	
Charlesworth 2008 ^{22,23}	Access to befriending via contact with befriending facilitator		Usual care		
Dennis 2003 ²⁴	Peer telephone support		Usual care		
Harris 1999 ^{25,26}	Peer befriending		Usual care		
Heller 1991 ^{27,b}	Telephone support from non-professional staff		Usual care		
Hunkeler 2000 ^{28,c}			Usual care	Nurse education	Nurse education plus peer support
Jackson 2007 ²⁹	Befriending			CBT	
McMillan 2006 ³⁰	Supportive visits		Usual care	Nurse coping, support and problem-solving	
McNeil 1991 ³¹	Conversational home visits	Conversational home visits plus walking intervention	Wait-list control		
Oakley 1990, ³² 1992 ³³	Supportive home visits		Usual care		
Onrust 2008 ³⁴	Supportive home visits		Leaflet only		
Pillemer 2002 ³⁵	Supportive home visits		No treatment		
Reinke 1981 ³⁶	Conversational interaction visits	Conversational interaction plus cognitive games	Wait-list control		
Roberts 1995 ³⁷	Nurse telephone support		Usual care	Nurse problem-solving	
Schwartz 1999 ³⁸	Telephone support			Group-based coping skills	
Sensky2000 ³⁹	Befriending			CBT	
Weber 2004 ⁴⁰	Peer support		Usual care		
Weber 2007 ⁴¹	Peer support		Usual care		
Wiggins 2004, ⁴² 2005 ⁴³	Supportive listening by health visitor		Usual care	Community support groups	

CBT, cognitive-behavioural therapy.
a. Some papers reported more than one relevant comparison, whereas some comparisons were reported in more than one paper. Therefore, the numbers of papers and comparisons differ.
b. This study included multiple comparisons. However, for the purposes of the present review, the only comparisons included were those between the 'contact discontinued' group and the 'assessment-only controls'.
c. This study compared nurse tele-healthcare, nurse tele-healthcare plus befriending and usual care. There was no 'befriending alone' group.

Appendix DS2 List of excluded studies^a

Study references	Reasons for exclusion
Ashbury1998 ⁶⁴	Non-randomised study; intervention includes informational support
Bloom 1982 ^{65,66}	Intervention includes informational support and mentoring
Chang 2004 ⁶⁷	Non-randomised study
Cohen 1999 ⁶⁸	Non-randomised study; intervention includes group meetings
Cox 1991 ⁶⁹	Non-randomised study; intervention unclear
Fox 1998 ⁷⁰	Intervention includes informational and instrumental support
Gotay 2007 ⁷¹	Intervention includes informational support
Grossman 1998 ⁷²	Majority of participants <14 years; intervention includes mentoring
Hogarty 1997 ^{73,74}	Intervention includes informational support and advocacy
Infante-Rivard 1988 ⁷⁵	Intervention includes health needs assessment and informational support
Ireys 1996, ⁷⁶ 2001 ⁷⁵	Intervention includes informational support, appraisal support, signposting, and some group meetings
McCurdy 2001 ⁷⁸	Intervention includes informational support and signposting
McGorry 2007 ⁷⁹	Intervention includes psychoeducation and informational support
Mohr 2005 ⁸⁰	Psychotherapeutic intervention
Raphael 1977 ⁸¹	Published pre-1980; intervention includes psychotherapeutic techniques
Ross 2005 ⁸²	Intervention includes informational support
Silver 1997 ⁸³	Intervention includes informational support, appraisal support and signposting
Sullivan 1994 ⁸⁴	Intervention includes advocacy and signposting
Teissedre 2004 ⁸⁵	Non-random assignment to intervention of interest
Tough 2006 ⁸⁶	Intervention includes instrumental support, health education and signposting
Tudiver 1995 ⁸⁷	Intervention is mutual support (self-help); no psychosocial outcomes reported
Turkington 2000, ⁸⁸ 2008 ⁸⁹	Some participants were hospital in-patients
Vachon 1980 ⁹⁰	Intervention includes instrumental support and small group work
Walsh 2007 ⁹¹	Intervention includes health needs assessment, instrumental support and informational support
Wishart 2000 ⁹²	Psychosocial outcomes are measured for carers not for individuals in receipt of the visiting intervention

a. Some papers reported more than one relevant comparison, whereas some comparisons were reported in more than one paper. Therefore, the numbers of papers and comparisons differ.

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Table DS2 Summary of study quality									
Study	Concealment of allocation	Power calculation	Primary outcome	Intention to treat	Masked outcome assessment	<i>n</i>	Follow-up rate, %	Quality code	Cost-effectiveness
Barnett 1985 ¹⁶	Not clear	Yes	Yes	Not clear	Not clear, but all self-report	89	Not clear	Low	No
Berkman 1999 ¹⁷	Not clear	Not clear	Not clear	Not clear	Not clear, but all self-report	74	72	Low	No
Brent 1997 ¹⁸	Not clear	Not clear	Not clear	Yes	Yes	107	73	Low	No
Bullock 1995 ¹⁹	Not clear	Not clear	Not clear	Not clear	No	131	93	Medium	No
Carroll 2006 ²⁰	Not clear	Not clear	Not clear	Not clear	Not clear, but all self-report	132	76	Low	No
Chang 1999 ²¹	Not clear	Not clear	Not clear	Not clear	No	87	75	Low	No
Charlesworth 2008 ^{22,23}	Yes	Yes	Yes	Yes	Not clear, but all self-report	236	92 at 6 months, 86 at 15 months, 81 at 24 months	High	Yes
Dennis 2003 ²⁴	Yes	Not clear	Yes	Yes	Yes	42	98	High	No
Harris 1999 ^{25,26}	Yes	Not clear	Yes	Yes	Not clear	86	100	High	No
Heller 1991 ²⁷	Not clear	Not clear	Not clear	Not clear	Not clear	102	98	Medium	No
Hunkeler 2000 ²⁸	Not clear	Not clear	Yes	Not clear	Not clear	302	90 at 6 weeks, 85 at 6 months	Medium	No
Jackson 2007 ²⁹	Yes	Yes	Not clear	Yes	Yes	62	89	High	No
McMillan 2006 ^{w15}	Yes	Not clear	Not clear	Yes	Yes	329	45 at 16 days, 31 at 30 days	Medium	No
McNeil 1991 ³¹	Not clear	Not clear	Not clear	Not clear	Not clear, but all self-report	30	100	Medium	No
Oakley 1990, ³² 1992 ³³	Yes	Yes	Not clear	Not clear	Not clear, but all self-report	509	94 at 6 weeks, 71 at 12 months	High	No
Onrust 2008 ³⁴	Yes	Yes	Not clear	Yes	Not clear	216	87 at 6 months, 86 at 12 months	High	Yes
Pillemer 2002 ³⁵	Not clear	Not clear	Not clear	Not clear	Not clear	147	78	Low	No
Reinke 1981 ³⁶	Not clear	Not clear	Not clear	Not clear	Yes	49	80	Medium	No
Roberts 1995 ³⁷	Not clear	Not clear	Yes	Not clear	Not clear, but all self-report	293	88 at 6 months, 81 at 12 months	Medium	No
Schwartz 1999 ³⁸	Not clear	Yes	Not clear	Yes	Not clear, but all self-report	136	97	Medium	No
Sensky2000 ³⁹	Yes	Yes	Not clear	Yes	Yes	90	100	High	No
Weber 2004 ⁴⁰	Not clear	Not clear	Not clear	Not clear	Not clear	32	94	Medium	No
Weber 2007 ⁴¹	Not clear	Not clear	Not clear	Not clear	Not reported	81	89	Medium	No
Wiggins 2004, ⁴² 2005 ⁴³	Yes	Yes	Not clear	Yes	Not clear, but all self-report	731	90 at 12 months, 82 at 18 months	High	Yes

Table DS3 Summary of population characteristics					
Study Country	Target population	Gender, % female	Age	Education	Baseline depression ^a
Barnett 1985 ¹⁶ Australia	Highly anxious new mothers (40+ on Spielberger trait anxiety) recruited from two large urban obstetric units	100	Mean 28.3–29.6 years across groups	Not reported	Mean BDI 'state depression': 6–8.5 across groups; Spielberger State anxiety: 40.3–41.8 across groups; trait anxiety: 44.1–46.4 across groups
Berkman 1999 ¹⁷ Israel	Recently discharged elderly people receiving medical care and monitoring from a home support unit	52	Mean 74 years (median 76)	Not reported	Not reported
Brent 1997 ¹⁸ USA	Adolescents with depression recruited from a hospital mood disorder clinic	75.7	Mean 15.4–15.7 years across groups	Not stated	BDI mean 22.6–25.7 across groups; mean duration 5–7 months across groups; 36% currently suicidal and 23% with history of suicide attempt
Bullock 1995 ⁴ New Zealand	Pregnant women at high risk of poor pregnancy outcomes recruited from out-patient department of a large public maternity hospital	100	Mean 24 years	Not reported	Mean depression (modified Levine–Pilowsky): 14.8–15; trait anxiety: 40.3–41.8 across groups
Carroll 2006 ²⁰ USA	Unpartnered adults aged 65 years+, recovering from myocardial infarction, recruited from urban medical centres	67–70 across groups	Mean 74.9–77.0 years across groups	63–79% high school graduate plus across groups	Mean mental health composite score (Short form, SF-36): 62–67 across groups
Chang 1999 ²¹ USA	Homebound caregivers of persons with dementia recruited from Alzheimer's Association, local support groups and Alzheimer's clinics	100	Mean 66.5 years	Mean 13.4–14.3 years across groups	Mean depression (BSI): 0.68–0.91 across groups
Charlesworth 2008 ^{22,23} UK	Carers of people with primary progressive dementia recruited through invitations from selected general practices, mailouts and publicity via Social Services, mental health services, voluntary organisations and community resources	64	Mean 68.0 years (s.d. = 11.4)	Not reported	Mean depression (HADS): 6.8; mean anxiety (HADS): 7.7; HADS caseness (≥ 11): depression and anxiety 9%; depression only 8%; anxiety only 18%; non-case 65%
Dennis 2003 ²⁴	Postpartum women at risk of postnatal depression (>9 on the EPDS) recruited through screening at 8-week immunisation clinics	100	Majority 25–34 years	68–80% college/university across groups	100% scored >9
Harris 1999 ^{25,26} UK	Women with chronic depression (determined using GHQ-30 and PSE-10) recruited via postal screening in selected general practices	100	Majority 25–40 years	Not stated	PSE score: 12–25: 45%; 26–36: 45%; 37+: 9%, 90% had chronic depression of 2+ years duration; 52% of 3+ years
Heller 1991 ²⁷ USA	Low-support elderly women (assessed using measures of social support and loneliness) recruited by telephone from low-income communities	100	Median 74 years	Median education: 11th grade	CES-D means 29.7–32.8 across groups
Hunkeler 2000 ²⁸ USA	Primary care patients with depression commencing antidepressant medication referred by primary care physicians	69	Mean 55.4 years (range 19–90)	90% high school graduates; 27% college graduates	Depression – HDRS: 16.6–17.4 across groups; BDI: 18.4–19.9
Jackson 2007 ²⁹ Australia	Individuals aged 15–25 years experiencing a first episode of psychosis admitted to the Early Psychosis Prevention and Intervention Centre	27	22.13–22.45 years across groups	Not reported	Diagnosed bipolar/depressive: 19.4–22.6% across groups
McMillan 2006 ³⁰ USA	Family caregivers of hospice patients with advanced cancer, recruited from community-based hospice in south eastern USA	77–91 across groups	Mean 60–63.1 years across groups	Mean 12.7–13.1 years across groups	Not reported
McNeil 1991 ³¹ Canada	Elderly community-dwelling individuals with moderately depressed mood (BDI 12–24) referred from community health centres and religious organisations	87	72.5 years (s.d. = 6.9)	Mean 9.2 years (s.d. = 3.5)	Total BDI 15.2–16.6 across groups

(continued)

Table DS3 (continued)

Study Country	Target population	Gender, % female	Age	Education	Baseline depression ^a
Oakley 1990, ³² 1992 ³³ UK	Pregnant women with a history of a low-birth-weight baby (<2500 g) recruited from antenatal booking clinics of four hospitals	100	27.9–28.1 years across groups	Not reported	Depressed in pregnancy: 13–18% across groups
Onrust 2008 ³⁴ The Netherlands	Widow(er)s aged 55+ with moderate/strong feelings of loneliness recruited from the community via post	64	Mean 69 years	Low level of education: 13%	Depression: CES-D: 16.2–17.1 across groups; anxiety: SCL90: 13.5–13.8
Pillemer 2002 ³⁵ USA	Caregivers of patients with Alzheimer's disease, recruited from health centre at time of diagnosis	71	Mean 58 years (range 35–87)	30% completed college; 64% completed high school; 5% less than high school	Depression (CES-D) 18.8
Reinke 1981 ³⁶ USA	Elderly nursing home residents recruited from of three intermediate care homes	69	Mean 79.45 years (s.d. = 10.47; range 59–97)	Mean years of schooling: 9.79 (s.d. = 3.84; range 3–18).	Not reported
Roberts 1995 ³⁷ Canada	Adult new referrals with chronic illness and poor psychological adjustment (screened using PAIS) recruited from specialty out-patient clinics of an Ontario hospital	60–70 across groups	44–48 years across groups	Mean education level: grades 12–13 across groups	Psychological distress subscale of PAIS: 10.1–11.1 across groups
Schwartz 1999 ³⁸ USA	Individuals with multiple sclerosis recruited from teaching hospital clinic register, adverts, multiple sclerosis society mailings, word of mouth and physician referrals	74	43 years (s.d. = 9.0)	Average: 'Some college education'	30% being treated for depression at baseline
Sensky 2000 ³⁹ UK	Adults (aged 16–60 years) with medication-resistant schizophrenia referred by clinicians	41	Mean 39 years	Not reported	Depression (MADRS): 9.6–10.1 across groups
Weber 2004 ⁴⁰ USA	Men aged 45 years+ recovering from radical prostatectomy for prostate cancer, recruited from teaching hospital and a Veterans Affairs medical centre	0	Mean 57.5–59.7 years across groups (range 48–67)	Less than high school: 6–20% across groups; high school: 40%; graduated College: 27–33%; post-graduate: 13–20%	Depression (GDS): 1.7–2.2 across groups
Weber 2007 ⁴¹ USA	Men aged 45 years+ recovering from radical prostatectomy for prostate cancer, recruited from the urology clinics at two tertiary care medical centres	0	Mean 60.0 years (range 47–74)	Less than high school: 8.6–16.2% across groups; high school: 10.8–14.3%; some college: 13.5–28.6%; 2-year degree: 2.7–11.4%; 4-year degree: 17.1–29.7%; postgraduate: 11.4–16.2%; technical: 8.6–10.8%	Depression (GDS): 1.97–2.49 across groups; SF-36 (emotional subscale): 71.4–80.0; SF-36 (mental health subscale): 79.2–80.0
Wiggins 2004, ⁴² 2005 ⁴³ UK	New mothers living in deprived inner-city areas recruited by post	100	Mean 29.57 years (s.d. = 5.81)	Left education aged <16 years: 10%; no qualifications: 16%	Mean EPDS score: 8.94 (5.37); EPDS score ≥ 12: 28%

BDI, Beck Depression Inventory; BSI, Brief Symptom Inventory; HADS, Hospital Anxiety and Depression Scale; EPDS, Edinburgh Postnatal Depression Scale; GHQ-30, General Health Questionnaire-30; PSE, Present State Exam; CES-D, Center for Epidemiologic Studies Depression Scale; HDRS, Hamilton Depression Rating Scale; SCL90, Symptom Checklist 90; PAIS, Psychological Adjustment to Illness Scale; MADRS, Montgomery-Åsberg Depression Rating Scale; GDS, Geriatric Depression Scale.

Table DS4 Summary of befriending interventions								
Study	Lead agency	Befriender	Training	Paid or volunteer	Delivery	Intensity	Matching	Adherence
Barnett 1985 ¹⁶	Academic	Experienced mothers	Guidelines only	Volunteer	Face to face in clients' homes and by telephone	Not clear, but provided over 12 months	Not stated	Not clear
Berkman 1999 ¹⁷	Healthcare	(a) Secretarial staff (b) Social workers	None	Paid	Telephone only	Weekly sessions of 10–20 min for 5 weeks	No	24% of individuals receiving secretarial staff calls received 4 telephone calls compared with 53% of individuals receiving social worker calls
Brent 1997 ¹⁸	Healthcare	Psychological therapists with masters degrees and median of 10 years clinical experience	6 months of intensive training, testing of adherence and regular supervision	Paid	Face to face (location unspecified)	Weekly for 12–16 weeks, monthly for 2–4 months	No	Mean 11.2 sessions, 24/35 completed intervention
Bullock 1995 ^{w4}	Academic	Trained female volunteers	One training session and periodic meetings to provide support	Volunteer	Telephone only	Weekly telephone call throughout pregnancy until 12 weeks postpartum	No	Not clear
Carroll 2006 ²⁰	Academic	Peer advisors (aged 60+, at least 12 months post-MI and completed cardiac rehabilitation)	4 h of training plus group support sessions every 6 months	Not clear	Telephone only	One session per week for 12 weeks	Yes – on gender	Not clear
Chang 1999 ²¹	Academic	Nurses	Not stated	Paid	Telephone only	One session per week for 5–30 min over 8 weeks	No	10/41 dyads dropped out
Charlesworth 2008 ^{22,23}	Local voluntary organisation	Volunteer befrienders	1 day for befriending facilitator and 12 h for befrienders	Paid befriending facilitator; volunteer befrienders	Face to face in client's home	Weekly 1-hour sessions over 6 months	Yes – on locality and knowledge of carer and befriender preferences	48% requested a befriender, 32% received 6 months. Intended 'dose' (1 h per week) rarely achieved because of carer time commitments
Dennis 2003 ²⁴	Academic	Peer supporters with history of recovery from postnatal depression	4-hour training session	Volunteer	Telephone only	Mean of 5.4 contacts of mean 34.4 min over 8 weeks	Yes – on location and availability of peer supporters	Not clear
Harris 1999 ^{25,26}	Academic and social care	Female volunteer befrienders	3-day training course	Volunteer	Face to face in client's home	One contact per week for 1 h over 12 months	Yes – on similarity of background experience	23% did not meet befriender at all and 19% only had 1 meeting. 40% received full 12 months, 19% had between 2–6 months
Heller 1991 ²⁷	Academic	Trained female interviewers	Yes, but no details	Not clear	Telephone only	Twice a week for 5 weeks, then once a week for 5 weeks	No	Not clear
Hunkeler 2000 ²⁸	Research department of health maintenance organisation	Peer supporters with history of successfully treated depression	Yes, 20 h	Volunteer	Face to face in individual's home and by telephone	Over 6 months	Yes – on age, gender, life experience (e.g. job loss, divorce)	11/62 refused a peer assignment and 9 had no contact. 11 had 1 contact, 13 had 2 contacts, 14 had 3–5 contacts, and 4 had 9–20 contacts
Jackson 2007 ²⁹	Academic	Clinical psychologists	Yes – 3 months of training and supervision	Paid	Face to face across a range of settings (including out-patients, home and neutral locations)	Maximum of 20 sessions of 45 min over 14 weeks	No	7/31 allocated to Intervention 1 withdrew, mean sessions attended was 7.21 (s.d. = 5.17). Patients in Intervention 1 had significantly less contact time (median = 174 min v. 354 min for Intervention 2)

(continued)

Table DS4 (continued)									
Study	Lead agency	Befriender	Training	Paid or volunteer	Delivery	Intensity	Matching	Adherence	
McMillan 2006 ³⁰	Not clear	Nurse	4 days of training, manuals and monthly review of session audiotapes	Paid	Face to face in caregiver's homes	3 sessions in 7-9 days	No	Not clear	
McNeil 1991 ³¹	Health and academic (hospital psychology department)	Two undergraduate psychology students (both mature students with families)	Not clear	Course credit	Face to face in client's home	Two visits per week of 20-40 min over 6 weeks	No	No one dropped out, and cancelled visits usually rescheduled within several days	
Oakley 1990, ³² 1992 ³³	Health and academic	Midwives	None described	Paid	Face to face in client's home and by telephone	3 visits (approx. every 6 weeks from 14 weeks gestation) for 22 weeks	No	98% seen at least once, 92% at least three times. 70% received more than the minimum contacts, 5% received the minimum and 25% received less than this	
Onrust 2008 ³⁴	Academic	Widow(er)s aged 55+	6 sessions of training plus additional support via telephone and face-to-face meetings every 6-8 weeks	Volunteer	Face to face in client's home plus <i>ad hoc</i> telephone contact	10-12 visits	Yes - on client preferences (but not necessarily age and gender)	Home visits ranged from 0 to 30; mean 8.3 (s.d. = 6.7; median 8)	
Pillemer 2002 ³⁵	Academic	Peer supporters (current or former caregivers of relatives with Alzheimer's disease)	1 day of training	Volunteer	Face to face, mostly in caregiver's homes	Weekly sessions for 2 h over 8 weeks	Yes - on gender, relationship to patient with Alzheimer's disease and location	Mean visits 6.7; 80% of pairs met 4+ times	
Reinke 1981 ³⁶	Academic	Undergraduate students	2 h of training plus help and supervision	Course credit	Face to face in client's nursing home	Twice weekly sessions of 1 h over 8 weeks	No	Not clear	
Roberts 1995 ³⁷	Academic	Nurses who were experienced counsellors	No - provided with scripts for supportive care only	Paid	Telephone only	Sessions every 2 weeks for 2 months, then once a month for 4 months, 5 min per session	No	Mean of 5.1 calls lasting 6.8 min. 3/100 participants received fewer than 2 calls	
Schwartz 1999 ³⁸	Academic	Lay people with multiple sclerosis	Yes (no details of duration)	Not clear	Telephone only	Monthly sessions of 15 min over 1 year	Yes - on level of disability, age and interests	46% received 12 calls (per protocol); 31% received 10 or 11 calls. 3% dropped out of the telephone support group	
Sensky 2000 ³⁹	Health and academic	Psychiatric nurses with psychotherapeutic training	No specific training for delivering the befriending intervention	Paid	Face to face (location unspecified)	Weekly 45 min sessions for up to 2 months over 9 months	No	4.5% attended less than 6 sessions; 9% had less contact than therapists aimed to offer	
Weber 2004 ⁴⁰	Academic	Lay support partners (male survivors of prostate cancer)	2-hour session	Volunteer	Face to face in coffee shops	8 hourly meetings over 8 weeks	Not clear	15/17 actually participated in meetings. All 15 completed the prescribed 8 weeks	
Weber 2007 ⁴¹	Academic	Lay support partners (male survivors of prostate cancer)	Yes	Volunteer	Face to face in coffee shops	8 hourly meetings over 8 weeks	Not clear	Mean number of meetings attended: 7 sessions (s.d. = 1.86), range 1-8. 5.7% dropped out	
Wiggins 2004, ⁴² 2005 ⁴³	Academic	Five supportive health visitors	2 days	Paid	Face to face in client's home	Monthly sessions of mean 83 min over 12 months	No	Mean visits 7 (range 0-22). 6% received 0, 33% 'low' participation (0-4 visits), 36% 5-9 visits, 31% 10+ visits	

Table DS5 Summary of outcomes

Study Comparisons	Outcomes	Depression outcomes	Economic outcomes
Barnett 1985 ¹⁶ Control Active therapy	Spielberger State-Trait anxiety Beck Depression Inventory depression (baseline only) Costello-Comrey depression and anxiety (baseline only) Social integration (Interview schedule for Social Interaction)	No depression outcomes reported	No economic analysis reported
Berkman 1999 ¹⁷ Active therapy	Spielberger State Anxiety Inventory Patient's subjective assessment of coping ability and anxiety level Self-reported 'increase in anxiety level' during the war Satisfaction with support by telephone	No depression outcomes reported	No economic analysis reported
Brent 1997 ¹⁸ Active therapy	Depression (Beck Depression Inventory) DEP13 (13 depression items from Schedule for Affective Disorders and Schizophrenia for School-Aged Children, Present and Lifetime Version, Kiddie-SADS-PL) Clinically significant suicidality (using Kiddie-SADS-PL) Functional impairment (Children's Global Assessment Scale)	Intervention: mean 9.8 (s.d. = 11.4, n = 33) Comparator 1: mean 5.7 (s.d. = 8.6, n = 35) Comparator 2: mean 9.1 (s.d. = 9.1, n = 29)	No economic analysis reported
Bullock 1995 ^{w4} Control	Anxiety (Spielberger's State-Trait inventory) Depression (Levine-Pilowsky inventory) Stress Social support Self-esteem Health behaviours	No significant difference between befriending and usual care in overall depression, somatic symptoms or other symptoms, but befriending group had significantly reduced scores in depressed mood	No economic analysis reported
Carroll 2006 ²⁰ Control Active therapy	Short form (SF-36) mental health composite score Self-efficacy for performing recovery behaviours (composite scale) Recovery behaviours (Duke Activity Status Index) SF-36 physical health composite score	Intervention: mean 72 (s.d. = 20, n = 36) Control: mean 68 (s.d. = 19, n = 31) Comparator: mean 74 (s.d. = 20, n = 34)	No economic analysis reported
Chang 1999 ²¹ Active therapy	Depression (Brief Symptom Inventory) Anxiety (Brief Symptom Inventory) Hostility (Brief Symptom Inventory) Caregiver burden (Caregiver Appraisal tool) Coping (Moos coping scale) Functional status of person with dementia	Intervention: mean 0.95 (s.d. = 0.85, n = 31) Comparator: mean 0.60 (s.d. = 0.71, n = 34)	No economic analysis reported
Charlesworth 2008 ^{22,23} Control	Depression (Hospital Anxiety and Depression Scale) Anxiety (Hospital Anxiety and Depression Scale) Loneliness Positive affectivity (Positive and Negative Affect Schedule, PANAS) Global health-related quality of life (EQ-5D VAS scale) Proportion of persons with dementia still in home care	<i>Short term</i> Intervention: mean 6.030 (s.d. = 3.630, n = 104) Control: mean 5.840, (s.d. = 3.960, n = 113) <i>Long term</i> Intervention: mean 6.030 (s.d. = 4.0, n = 96) Control: mean 6.710 (s.d. = 4.180, n = 106)	Cost utility analysis using EQ-5D and societal perspective. Cost utility ratio of £105 954 per quality-adjusted life-year (QALY). Probability of befriending being cost-effective is 42% when QALY valued at £30 000.
Dennis 2003 ²⁴	Depressive symptoms (Edinburgh Postnatal Depression Scale) Maternal self-esteem Childcare stress Maternal loneliness Maternal perceptions/satisfaction with peer-support intervention	Intervention: 3/20 Control: 11/21	No economic analysis reported
Harris 1999 ^{25,26} Control	Depression remission (Present State Exam and Bedford criteria)	Intervention: 28/43 Control: 17/43	No economic analysis reported

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Table DS5 (continued)

Study Comparisons	Outcomes	Depression outcomes	Economic outcomes
Heller 1991 ²⁷ Control	Depression (Center for Epidemiological Studies Depression Scale) Morale (Philadelphia Geriatric Morale Scale) Loneliness (scale by Paloutzian and Ellison) Social support (perceived Social Support Scale) Network Embeddedness (contacts with family and friends) Activities of Daily Living (ADL); physical health	Intervention: mean 27.9 (s.d. = 7, n = 47) Control: mean 29.9 (s.d. = 8, n = 53)	No economic analysis reported
Hunkeler 2000 ²⁸ Control Active therapy	Hamilton Rating Scale for Depression – Interview version Beck Depression Inventory SF-12 Mental Functioning Composite Scale Patient satisfaction with treatment Medication adherence	Adding befriending to nurse tele-healthcare intervention did not improve depression outcomes	No economic analysis reported
Jackson 2007 ²⁹ Active therapy	Positive symptoms (Brief Psychiatric Rating Scale – Psychotic subscale) Negative symptoms (Scale for Assessment of Negative Symptoms) Life functioning (Social and Occupational Functioning Scale) Satisfaction with treatment	No depression outcomes reported	No economic analysis reported
McMillan 2006 ³⁰ Control Active therapy	Caregiver quality of life (Caregiver Quality of Life Index Cancer) Caregiver distress (modified Memorial Symptom Assessment Scale) General caregiver mastery Burden and mastery in caregiving (Caregiver Demands Scale) Caregiver (Brief COPE Scale)	No depression outcomes reported	No economic analysis reported
McNeil 1991 ³¹ Control	Beck Depression Inventory total score Beck Depression Inventory psychological symptoms Beck Depression Inventory somatic symptoms Memorial University of Newfoundland Scale of Happiness (MUNSH) Subjective overall health rating	Intervention: mean 11.8 (s.d. = 4, n = 10) Control: mean 14.7 (s.d. = 3.7, n = 10)	No economic analysis reported
Oakley 1990, ³² 1992 ³³ Control	Self-report questions: 'Depressed after birth?'; 'Feeling low / no control over life?'; 'Worried about the baby?' Self-reported overall health Number of hospital visits Number of visits to/from general practitioner (GP)	Short term: intervention 92/230; control 107/226 Long term: intervention 9/178; control 16/163	No economic analysis reported
Onrust 2008 ³⁴ Control	Depression (Center for Epidemiologic Studies Depression Scale) Anxiety (subscale of the Symptom Checklist) Somatisation (subscale of the Symptom Checklist). Complicated Grief (Inventory of Complicated Grief-revised) Quality-adjusted life-years (QALY, EQ-5D)	<i>Short term</i> Intervention: mean 15.1 (s.d. = 8.1, n = 93) Control: mean 14.7 (s.d. = 8.7, n = 95) <i>Long term</i> Intervention: mean 13.1 (s.d. = 7.3, n = 91) Control: mean 13.5 (s.d. = 7.9, n = 94)	Cost utility analysis using EQ-5D and societal perspective (excluding productivity in primary analysis). Cost utility ratio of 6827 Euros per QALY. Probability of befriending being cost effective is 31% when QALY valued at zero, 55% when valued at 10 000 Euros and 70% when valued at 20 000 Euros.
Pillemer 2002 ³⁵ Control	Depression (Center for Epidemiologic Studies Depression Scale) Self-esteem (Rosenberg Self-esteem Scale) Satisfaction with intervention	No significant difference between befriending and usual care in depression	No economic analysis reported

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Table DS5 (continued)

Study Comparisons	Outcomes	Depression outcomes	Economic outcomes
Reinke 1981 ³⁶ Control Active therapy	Mood tone and zest for life (the Life Satisfaction Index A) Morale (Philadelphia Geriatric Center Morale Scale) Objective ratings of morale, participation in activities, etc. Self-perceived health Various tests of cognitive abilities	No depression outcomes reported	No economic analysis reported
Roberts 1995 ³⁷ Control Active therapy	Psychological adjustment to illness (Psychological Adjustment to Illness Scale (PAIS); including Psychological Distress subscale) Coping behaviours (Indices of Coping Response) Meaning of Illness questionnaire Purpose-in-Life questionnaire Duke social support questionnaire Physical performance (Karnofsky Performance Status Scale)	Significantly greater improvement on psychological distress subscale of PAIS for befriending compared with active intervention and usual care groups	No economic analysis reported
Schwartz 1999 ³⁸ Active therapy	Depression (Arthritis Impact Measurement Scales) Anxiety (Arthritis Impact Measurement Scales) Social activity (Arthritis Impact Measurement Scales) Psychosocial limitations of Role Performance (Sickness Impact Profile) Multiple Sclerosis Self-efficacy (MSSE) Locus of control (Multidimensional Health Locus of Control scale) Ways of Coping Checklist (WCCC) Life satisfaction (Quality of Life Index and Ryff Happiness Scale) Neurological disability (Expanded Disability Status Scale) Physical role performance (Sickness Impact Profile) Fatigue	No significant difference between befriending and active therapy in depression	No economic analysis reported
Sensky 2000 ³⁹ Active therapy	Depression (Montgomery-Åsberg Depression Rating Scale) Comprehensive Psychiatric Rating Scale Scale for Assessment of Negative Symptoms Patient medication use Satisfaction with treatment	Intervention: mean 6 (s.d. = 5.75, <i>n</i> = 44) Comparator: mean 4.8 (s.d. = 4.5, <i>n</i> = 46)	No economic analysis reported
Weber 2004 ⁴⁰ Control	Depression symptoms (Geriatric Depression Scale) Self-efficacy (Stanford Inventory of Cancer Patient Adjustment) Social support (Modified Inventory of Socially Supportive Behaviours) Incontinence and erectile dysfunction Comorbidity	Intervention: mean 0.4 (s.d. = 0.8, <i>n</i> = 15) Control: mean 2.1 (s.d. = 2.3, <i>n</i> = 15)	No economic analysis reported
Weber 2007 ⁴¹ Control	Depression symptoms (Geriatric Depression Scale) Self-efficacy (Stanford Inventory of Cancer Patient Adjustment) Social support (Modified Inventory of Socially Supportive Behaviours) Quality of life (SF-36) Prostate cancer-specific quality of life Incontinence and erectile dysfunction	Intervention: mean 0.92 (s.d. = 1.32, <i>n</i> = 37) Control: mean 2.53 (s.d. = 3.662, <i>n</i> = 35)	No economic analysis reported
Wiggins 2004, ⁴² 2005 ⁴³ Control Active therapy	Depression (Edinburgh Postnatal Depression Scale) Depression (General Health Questionnaire) Self-assessed mood ('fairly cheerful'/'depressed or low spirited') Use of health services Perceptions of support (Duke-UNC Functional Social Support scale) Unit costs of interventions	Intervention: mean 8.23 (s.d. = 5.4, <i>n</i> = 149) Control: mean 8.980 (s.d. = 5.3, <i>n</i> = 303) Comparator: mean 8.5 (s.d. = 5.9, <i>n</i> = 155)	Cost utility analysis using health outcomes and service and user out-of-pocket costs. No differences in outcomes so no cost utility analysis conducted. Befriending intervention more costly than usual care (mean difference £315, 95% CI -294 to 980) but no marked difference from health visitor intervention – mean total costs £3231 (s.d. = 3323) in befriending v. £3255 (s.d. = 2253) in health visitor intervention