

Table 3. Peer Support for Depression following SCI

Author Year Country Research Design PEDro Score Total Sample Size	Methods	Outcome
<p>Mackelprang et al. (2016) USA RCT PEDro=7 N_{Initial}=168 N_{Final}=165</p>	<p>Population: Mean age at injury=41.2±15.8 yr; Gender: males=133, females=35; Level and severity of injury: C1-C4 AIS A-C=34, C5-C8 AIS A-C=22, paraplegia AIS A- C=47, AIS D=63.</p> <p>Intervention: Participants were randomized to either peer telephone counselling (TC) group or a usual care (UC) group for a yr after spinal cord injury during rehabilitation.</p> <p>Outcome Measures: Self-reported health care utilization, medical complications, depression severity, current health state, subjective health, and community participation.</p>	<p>1. No significant differences between groups for any outcome measures ($p>0.05$ for all).</p>
<p>Jones et al. (2021) United States Pre-Post Level 4 N_{Initial}=1117 N_{Final}=799</p>	<p>Population: Mean age= 20yr-30yr= 3, 31yr-40yr=6, 41yr-55yr=6; Gender: males=7, females=8; Mean time post injury= Not reported; Level of injury: not reported; Severity of injury: not reported; Depression status=mild as reported by the PHQ-8.</p> <p>Intervention: Participants completed peer-mentoring and peer-led education classes (1hr/class, 4 classes). Outcomes were assessed at 30d, 90d, and 180d post-intervention.</p> <p>Outcome Measures: Unplanned readmissions, General Self-Efficacy (GSE),</p>	<p>1. Higher self-efficacy (GSE) was associated with greater exposure to peer mentoring, and a significant relationship between improvement in GSE and reduced hospital readmissions was observed.</p> <p>2. There were no significant associations between PHQ-8, SWLS, or peer mentor exposure.</p>

	Patient Health Questionnaire-8 (PHQ-8), Satisfaction with Life Scale (SWLS).	
<p>Hoffmann et al. (2019) Denmark Pre-Post Level 4 N=52</p>	<p>Population: Mean age=50, 34-58yr; Gender: males=33, females=19; Mean time post injury 0.34, (0.25-0.51) yr (median, IQR); Level of injury: paraplegia=21, tetraplegia=15, unknown=16; Severity of injury: not reported; Depression Status=symptoms.</p> <p>Intervention: Participants attended volunteer-led peer mentor sessions, which were conducted as one-to-one meetings between mentor and mentee. Meetings took place at the rehabilitation center and could occur anytime throughout the rehabilitation period. The appropriate timing of initiating the sessions was based on a joint decision, made by the mentee, the interdisciplinary team, and the project members. There was no time limit for the duration of each meeting. Outcome measures were assessed pre- and post-intervention.</p> <p>Outcome Measures: International SCI QoL Basic Data Set, depression items from the Short Form Health Survey (SF-36), pain frequency and intensity (11-point Numerical Rating Scale).</p>	<p>1. SF-36 standard data showed significant improvement of depression-related items in five out of nine items ($p<.05$). The remaining four items did not improve significantly, although the noted change in all cases was in a positive direction.</p>