

# What is the impact of peer support interventions on newcomers' well-being?

## **Multiple sources of strong evidence indicates that peer support groups can improve newcomer mental health symptoms.**

- Three systematic reviews, as well as four additional studies, demonstrate positive outcomes from peer support groups in various newcomer populations. Such groups appear to provide a unique benefit to both participants and newcomer leaders in enhancing social connections, expanding knowledge of community resources, and generally driving improvements in mental health, acculturation, and other outcomes.
- Many peer support groups are culturally appropriate and strengths-based. They recognize and build newcomers' strengths, including by offering opportunities to support one another through community-based activities. Positive outcomes remained consistent across various formats and structures.

## **Strong evidence supports the positive effects of building social support through various other types of structured peer interactions.**

- Peer support interventions in non-group-based formats have also demonstrated positive outcomes. Peer mentorship programs can help newcomer mentors build skills while supporting newcomer mentees with integration, problem solving, and relationship building.

## **Emerging research indicates that online support groups are an effective alternative to in-person groups.**

- Research indicates that, although digital literacy may pose a challenge for some, online support groups are still effective across various populations. Evaluations have found similar, or better, outcomes in areas of attendance, satisfaction, and mental health symptom management.

## **Purpose of this summary**

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<sup>1</sup> This is an update to the original version published in July 2020.

This evidence summary aims to assess the impact of peer support interventions on resettled refugees' mental health. The intended audience is U.S. refugee service providers and other interested stakeholders. This evidence summary seeks to answer the following questions:

- What is the status of evidence about the effectiveness of peer support interventions among refugees?
- What is the impact of peer support interventions on refugees' well-being?

## What is meant by “peer support groups”?

Peer support groups are groups of people who gather to discuss shared experiences associated with a particular problem, condition, illness, or circumstance. Some of the common characteristics of support groups include:

- They are made up of peers: people who are all directly affected by a particular issue, illness, or circumstance.
- They usually have a professional or volunteer discussion leader or facilitator.
- They tend to be fairly small in size, allowing everyone the chance to talk.
- Attendance is usually voluntary.<sup>2</sup>

## What is meant by “social support”?

Social support broadly refers to “resources available to people through their social connections or networks” (Wachter 2021, p. 1). Interventions aiming to build social support generally focus on strengthening and expanding interpersonal connections, thereby linking individuals to a greater support network.

## What does the evidence show?

### Multiple sources of strong evidence indicate that peer support groups can improve newcomer mental health symptoms.

- Three systematic reviews analyzed various interventions that incorporated a peer support group structure. The first, by Hutchinson, King, and Majumder (2022), conducted a systematic review of group-based intervention programs targeting unaccompanied refugee minors (URMs). Seventeen articles met inclusion criteria, and studies that included mixed-aged participants (up to 21 years old) were included due to a lack of evidence on interventions solely with minors. Interventions including accompanied refugee minors were also included as indicators of what could be effective for URMs. Ultimately, the review discovered that **every included study found some level of positive outcomes for intervention participants**. Results indicated that psychological and social benefits to participants ranged from increased life satisfaction, hope for the future, reductions in post-traumatic stress symptoms, and newfound ability to discuss experiences and emotions. **Participants consistently reported high levels of satisfaction** and positive relationships with other participants and professionals. Five studies used Cognitive Behavioral Therapy<sup>3</sup> (CBT) in some form. All five saw **notable improvements in mental health symptoms**,

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<sup>2</sup> Community Tool Box (2020). [Creating and facilitating peer support groups](#).

<sup>3</sup> Cognitive behavioral therapy is an evidence-based, widely used form of talk therapy aimed at changing unhelpful patterns of thinking and behaving. [American Psychological Association \(2017\)](#).

demonstrating that CBT is an effective group-level intervention for this population.

- Marris Fuchsel and Brummett (2021) conducted a systematic review of interventions targeting intimate partner violence (IPV) through group programs for immigrant Latinas in the U.S. The search results included 10 studies covering a range of group models, including therapy groups, support groups, psychoeducation, and workshops. Therapy groups focused on symptom management. Support groups focused on sharing personal stories among peers. Psychoeducation focused on education and information about IPV and building self-esteem. Workshops focused on training and empowering community workers to address the topic in their community. Across the board, the groups were hosted in community-based agencies that were familiar and comfortable to the participants. Topics for sessions included legal issues surrounding immigration and IPV, reproductive rights, self-esteem, the cycle of violence, and self-care. Four of the studies followed a more fluid approach to sessions, including co-creating some topics with participants, while the others followed a curriculum or pre-set, facilitator-driven approach. The results of the different interventions were **generally positive, particularly in the outcomes of “depression, self-esteem, self-perceived leadership, and knowledge of wellness”** (p. 217). Most of the included studies advocated for further replication and evaluation of their programs to broaden the generalizability, due to their measured success.
- Villalonga-Olives et al. (2022) conducted a systematic review of social capital-based interventions for refugees aimed at improving mental health. The search yielded seven articles that met the inclusion criteria. The authors categorized the interventions into individual-, community-, and multi-level. Only one article covered an individual-level intervention—exploring targeted programs helping asylum-seekers gain access to child care. Of the remaining studies, four researched community-level interventions and two multi-level. Community-level programs generally included group meetings focused on overcoming stressors related to displacement. These included topics such as coping strategies, social isolation, discrimination, housing, and financial support. Results showed **positive impacts on mental health, and new relationships bringing increased access to resources and opportunities**. The multi-level programs integrated group programming with individual-level support. Both multi-level programs **reported positive outcomes in resource access, developing new bonds, and increased knowledge of refugees’ new country**.
- Three suggestive studies add additional context for peer support groups in resettlement settings. First, Paloma et al. (2019, 2020) examined resilience, empowerment, and post-traumatic growth experienced by refugees in Spain during their participation in a peer mentoring and support group. The intervention covered two phases over 15 weeks. First, 10 settled refugees were trained to become mentors, making use of a peer support group format. Then, these trained settled refugees led four cultural peer support groups of newly arrived refugees, following a peer mentoring format. **Mentor resilience increased** during the first program phase and remained high and stable during the second phase. **Mentor empowerment steadily increased** throughout the duration of the program. Among the peer group participants, pre- to post-**test improvements were found in appreciation of life, personal strength, relationships to others, and anticipation of new possibilities**, although no differences were observed for spiritual changes, such as greater faith.
- Shaw, Poulin, and Crump (2022) analyzed the feasibility and success of two psychosocial support group-based interventions with recently resettled refugees in the U.S. The sample included 97 participants divided into 12 groups across three different resettlement sites. Two different interventions were administered and evaluated: Community Adjustment Support Group Curriculum (CASG) and Culturally Adapted Cognitive Behavioral Therapy (CA-CBT). CASG focused on adjusting to the U.S. and identifying community resources, while “CA-CBT focused on somatic symptoms and emotional regulation” (p. 597). Group sessions averaged 75-90 minutes with a target size of 8-10 participants. Child care, transportation, snacks, and gift card compensation

were provided in some settings. Post-intervention focus group discussions identified instructional content, social participation, and newly developed relationships as highly beneficial elements of the programs. Participants also indicated they wished the programs could be expanded to more people. Of the full sample, **“the number of participants experiencing emotional distress decreased from 76% to 55%”** (p. 600). Participants in CASG reported **higher increases in quality of life and social support**, while CA-CBT participants experienced a greater **decrease in emotional distress**. Overall, adherence and feasibility were satisfactory across all three implementation sites.

- A final identified study examined the use of para-professional peer educators from Bhutanese, Congolese, and Iraqi refugee communities in Pittsburgh (Block et al., 2018). These groups built upon the Center for Torture and Trauma Survivors Clubhouse model. Group leaders sought to provide supports to 1) decrease feelings of isolation; 2) build community networks; and 3) increase feelings of empowerment within the community. Pre-post results indicated that the groups were **successful in helping participants make friends, get information, become more independent, and feel better about life in the U.S.** Additionally, participants reported a growth in the number of individuals whom they felt they could trust, connect with, and “talk to about problems or worries” within their ethnic communities (p. 930).

### **Strong evidence supports the positive effects of building social support through various other types of structured peer interactions.**

- Wachter et al. (2021) conducted a scoping review of interventions focused on improving social support for refugees after resettlement. Their search resulted in 20 articles that met inclusion criteria; ten were conducted in the U.S., five in Australia, three in Canada, two in the United Kingdom, and one in New Zealand. Included intervention designs covered a wide variety, indicating that elements of social support building could be incorporated into any number of different interventions (i.e., physical activity, large groups, gardening, digital literacy). In all cases, the assistance intentionally combined structured programming and unstructured time to allow informal interactions. However, a lack of clear differentiation and specificity among the articles—especially on the various targeted forms of social support and social networks—resulted in a vague conceptual framework. One element that multiple included studies underscored was the **importance of participatory and community-driven approaches, which allow community members to lead or co-lead activities and enhance social supports through relationship building**. Several studies focused on building support within family units. These interventions also incorporated novel designs, such as incorporating technology to strengthen and sustain family connections, locally and internationally. In particular, **positive spousal and family relationships were highlighted for their role in improving “mental health, life satisfaction, and coping among women in resettlement”** (p. 12).
- A suggestive study by Barbaresos et al. (2023) conducted a review of peer support and mentoring programs targeting refugee adolescents and young adults. Only five studies met the inclusion criteria. Three of the five interventions specified grouping mentor-mentee pairs based on shared lived experiences. One of these three did not differentiate between different immigrant statuses when creating pairs. The other two studies matched non-refugee community members (some adult volunteers, others fellow university students) with the immigrant participants. The review reported on the impacts to refugees who either served as mentors or received mentorship. **Benefits to the mentors included developing interpersonal skills, expanding problem-solving abilities, gaining new supportive networks, and building confidence in seeking alternative solutions. Mentees reported benefits in relationship building, emotional support, emotional regulation, and assistance with community integration.** While all the programs demonstrated positive outcomes for participants, the limited scope of available evidence prevents broader conclusions from being made.

## Emerging research indicates that online support groups are an effective alternative to in-person groups.

- Although not specific to refugees, a systematic review of telehealth interventions delivering home-based support group videoconferencing found that these groups are feasible even for those with limited digital literacy. **Overall acceptability was high, with remote access from the home highly valued, and concerns about privacy issues negligible.** The authors concluded that good IT support and training is required for facilitators and participants, along with clear communication strategies and protocols. Further, the **findings showed improvement in mental health outcomes.** Benefits included engagement with others with similar problems; improved access to groups; and development of health knowledge, insights, and skills. Videoconference groups were able to replicate group processes such as bonding and cohesiveness. **Similar outcomes were reported for studies comparing face-to-face groups and videoconference groups** (Banbury et al., 2018).
- Platt et al. (2023) evaluated a **virtual adaptation of the Mothers and Babies (MB) program** for Latina immigrant mothers in the U.S. MB is highly regarded as one of the most effective interventions for preventing postpartum depression (PPD). It combines elements of cognitive behavioral therapy and attachment theory and is available in several formats. The COVID-19 pandemic inspired these researchers to adapt the group format into an enhanced virtual group, MB-Virtual Group (MBVG). This run of MBVG included 49 Spanish-speaking mothers, 80% of whom were originally from the Northern Triangle of Central America (El Salvador, Guatemala, and Honduras) or Mexico. The original MB group format consisted of six 90-minute in-person sessions. MBVG modified these into **11 Zoom group sessions** of 60-75 minutes each, with a 15-minute Q&A session with a pediatrician at the end of each session. The researchers also “offered assistance with accessing food-related resources” and communicated via WhatsApp with reminders about meetings and assignments (p. 467). The most widely reported benefits of the virtual format included ease of attendance, reduction of barriers to participation, and comfort in sharing through the ability to turn off cameras. Many participants also **reported no longer feeling alone, attributing this to the ability to ask other parents for help.** Drawbacks to the virtual platform included lack of digital literacy, lack of social cues, and lack of distance from at-home stressors. Participants highly valued the ability to ask questions of a pediatrician and **appreciated the group messaging aspect for its ability to build community** and provide reminders.

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## What are the implications for practice and research?

“The peer support group model provides clients with the social network and grounding in community resources necessary for them to feel a sense of mastery in their new environment.”

(Block et al., 2018)

**Peer support groups are a valuable tool that can improve mental health and community connections for newcomers.**

- Peer support groups consistently provide unique benefits to both participants and group leaders—enhancing social connections, building knowledge of community resources, and improving mental health, among other outcomes. Groups can be a tool to address not only mental health issues but also difficulties during acculturation.
- Support groups should recognize newcomers' strengths; strengthen their capacity to support each other through community-based activities; and promote meaningful engagement with refugees as agents of change within their communities.
- Engaging more established refugees as leaders or mentors can create opportunities for empowerment, skill building, and community knowledge development for both the mentors and participants.

### **Member characteristics should be considered when composing groups.**

- Group work is particularly effective with small groups of individuals who have had similar life experiences. Research indicates that groups and mentorship pairs composed of members with similar experiences and backgrounds can be more effective and comfortable for participants.
- Consider gender and the cultural preferences of target populations when deciding whether to segregate by gender, age, or other demographic characteristics. Culturally and linguistically heterogeneous groups and mixed gender groups can be helpful in certain circumstances, depending on the type and purpose of the group. For example, if the purpose of the group is to reduce isolation and create a broader sense of community through a widely shared practice (e.g., meditation), then a mixed group can be helpful.

### **Online peer support groups may be a feasible and effective option for refugees, but available research is still limited.**

- In view of refugees' frequent transportation and child care barriers, online groups may provide an appealing alternative. Resettlement providers should explore refugees' interest in participating in online support groups, along with the considerations needed to make such groups accessible and appropriate, such as digital literacy and access to digital technology among participants.

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## **How did we identify evidence for this summary?**

### **Included Studies**

The Switchboard evidence database includes the following types of studies, categorized by their strength of evidence:

#### **Strong Evidence**

**Meta-analyses:** systematic analyses of sets of existing evaluations of similar programs

**Systematic reviews:** syntheses of the best available evidence on specific research questions that use narrative synthesis focused on evaluations of the impacts of at least one specific policy, program, or intervention.

#### **Moderate Evidence**

Published individual **impact evaluations** using randomized controlled trials (RCTs/C-RCTs), natural experiments, quasi-experimental techniques such as difference-in-difference (DID), instrumental variables (IV), regression discontinuity design (RDD), propensity score matching (PSM) or other forms of synthetic matching, as well as fixed effects techniques with interaction terms.

### **Suggestive Evidence**

Published studies using methods including non-systematic literature review, uncontrolled before and after tests, post-test only, interrupted time series (ITS), cross-sectional regressions, longitudinal panels, cohort- and case-controls, and purely qualitative techniques.

### **Excluded Studies**

The Switchboard evidence database excludes case studies, unpublished suggestive research, opinion papers, descriptive studies, and unpublished literature reviews.

### **Search Protocol**

Studies included in the database focused on high-income or upper-middle-income countries, including but not limited to the U.S. Studies included must have been published within the last 10 years. To identify evidence, we searched the following websites and databases using the following population, methodology, and target intervention terms:

Websites and Databases	Population Terms	Methodology Terms	Target Intervention Terms
Campbell Collaboration	refugee	evaluation	"support group"
Cochrane Collaboration	OR	OR	
Mathematica Policy Research	"unaccompanied minor"	impact	
Evidence Aid	OR	OR	
Urban Institute	asylee	program	
Migration Policy Institute	OR	OR	
HHS OPRE	"temporary protected status"	intervention	
Medline	OR	OR	
ASSIA	"victims of traffick*"	policy	
Social Services Abstracts	OR	OR	
Social Work Abstracts	"traffick* victims"	project	
ReliefWeb	OR	OR	
ALNAP	T-Visa	therapy	
EBSCOhost	OR	OR	
Google Scholar	U-Visa	treatment	
	OR	OR	
	Cuban	counseling	
	OR	OR	
	Haitian	workshop	
	OR	OR	
	Amerasian	review	
		OR	
		meta-analysis	
		OR	
		synthesis	

For databases or websites that permitted only basic searches, free-text terms and limited term combinations were selected out of the lists above, and all resultant studies were reviewed for relevance. Conversely, for databases or websites with advanced search capability, we made use of relevant filters available. All terms were searched in the title and abstract fields only, in order to exclude studies that made only passing mention of the topic under consideration.

After initial screening, Switchboard evidence mapping is prioritized as follows: first priority is given to meta-analyses and systematic reviews, followed by individual impact evaluations when no meta-analyses or systematic reviews are available. Evaluations that are rated as impact evidence are considered before those rated as suggestive, with the latter only being included for outcomes where no evidence is available from the former.

## Studies Included

Database and website searching identified 152 studies. After removing duplicates, 123 studies were then screened. Of these, 96 were determined to be irrelevant to this search. Twenty-seven full-text articles were assessed for eligibility, and 17 of them were excluded due to not meeting one or more of the inclusion criteria pertaining to resettlement country, year of publication, population, methodology, or target problem. Eleven studies were eligible for inclusion.<sup>4</sup> A list of studies included may be found below, with hyperlinks to the abstracts or full text (when available).

<sup>4</sup> A separate abbreviated search was conducted for systematic reviews of online support groups not specific to refugees. This yielded one additional study for inclusion (Banbury et al., 2018).

## Meta-Analyses and Systematic Reviews

Banbury, A., Nancarrow, S., Dart, J., Gray, L., & Parkinson, L. (2018). Telehealth interventions delivering home-based support group videoconferencing: systematic review. *Journal of Medical Internet Research*, 20(2), e25. [Full text.](#)

Hutchinson, R., King, N., & Majumder, P. (2022). How effective is group intervention in the treatment for unaccompanied and accompanied refugee minors with mental health difficulties: A systematic review. *International Journal of Social Psychiatry*, 68(3), 484–499. [Abstract.](#)

Marrs Fuchsel, C. L. & Brummett, A. (2021). Intimate partner violence prevention and intervention group-format programs for immigrant Latinas: A systematic review. *Journal of Family Violence*, 36, 209–221. [Full Text.](#)

Villalonga-Olives, E., Wind, T. R., Armand, A. O., Yirefu, M., Smith, R. & Aldrich, D. P. (2022). Social-capital-based mental health interventions for refugees: A systematic review. *Social Science & Medicine*, 301, 1–12. [Full Text.](#)

Wachter, K., Dalpe, J., Bonz, A., Drozdowski, H., & Hermer, J. (2021). A scoping review of social support interventions with refugees in resettlement contexts: Implications for practice and applied research. *Journal of Immigrant & Refugee Studies*, 19(4), 557–572. [Abstract.](#)

## Impact Evaluations

None.

## Suggestive Studies

Barbaresos, F., Georgiou, N., Vasilopoulos, F., & Papathanasiou, C. (2023). Peer support and peer mentoring in refugee adolescents and young adults: A literature review. *Global Journal of Community Psychology Practice*, 14(2), 1–18. [Full Text.](#)

Block, A. M., Aizenman, L., Saad, A., Harrison, S., Sloan, A., Vecchio, S., & Wilson, V. (2018). Peer support groups: Evaluating a culturally grounded, strengths-based approach for work with refugees. *Advances in Social Work*, 18(3), 930–948. [Full text.](#)

Paloma, V., de la Morena, I., & López-Torres, C. (2019). Promoting posttraumatic growth among the refugee population in Spain: A community-based pilot intervention. *Health & Social Care in the Community*, 28(1), 127–136. [Abstract.](#)

Paloma, V., de la Morena, I., Sladkova, J., & López-Torres, C. (2020). A peer support and peer mentoring approach to enhancing resilience and empowerment among refugees settled in southern Spain. *Journal of Community Psychology*, 48(5), 1438–1451. [Abstract.](#)

Platt, R., Martin, C. P., Perry, O., Cooper, L., Tandon, D., Richman, R., Bettencourt, A. F., & Polk, S. (2023). A mixed-methods evaluation of virtually delivered group-based Mothers and Babies for Latina immigrant mothers. *Women's Health Issues*, 33(5), 465–473. [Full Text.](#)

Shaw, S. A., Poulin, P., & Crump, K. (2022). Implementing psychosocial support groups in U.S. refugee resettlement. *Journal of Social Science Research*, 48(5), 593–605. [Abstract.](#)

## Supplemental Resources

The following studies did not meet the criteria to be included in the evidence summary but may provide additional context, guidance, or understanding of the topic.

Bogart, L. M., Galvan, F. H., Leija, J., MacCarthy, S., Klein, D. J., & Pantalone, D. W. (2020). A pilot cognitive behavior therapy group intervention to address coping with discrimination among HIV-positive Latino immigrant sexual minority men. *Annals of LGBTQ Public and Population Health*, 1(1), 6–26. [Abstract](#).

Khoury Accad, S. (2023). *Fostering resilience and belongingness among students with refugee backgrounds*. [Master's thesis, California State University Northridge]. ScholarWorks. [Full Text](#).

Lai, D. W. L., Ou, X., & Li, C. Y. P. (2020). Effectiveness of a peer-based intervention on loneliness and social isolation of older Chinese immigrants in Canada: A randomized controlled trial. *BMC Geriatrics*, 20, 1-12. [Full Text](#).

Paloma, V., Martínez-Damia, S. M., de la Morena, I., López-Torres, C., & Berbel, I. (2023). A community-based intervention to enhance posttraumatic growth among refugees in receiving societies. In R. Berger (Eds.), *The Routledge International Handbook of Posttraumatic Growth* (1<sup>st</sup> ed., pp 539–552). Routledge. [Abstract](#).

Page-Reeves, J., Murray-Krezan, C., Regino, L., Perez, J., Bleecker, M., Perez, D., Wagner, B., Tigert, S., Bearer, E. L., & Wilging, C. E. (2021). A randomized control trial to test a peer support group approach for reducing social isolation and depression among female Mexican immigrants. *BMC Public Health*, 21, 1–18. [Full Text](#).

Renner, W., Bänninger-Huber, E., & Peltzer, K. (2011). Culture-sensitive and resource-oriented peer (CROP)-groups as a community based intervention for trauma survivors: A randomized controlled pilot study with refugees and asylum seekers from Chechnya. *Australasian Journal of Disaster and Trauma Studies*, 2011(1). [Full text](#).

Weine, S., Kulauzovic, Y., Klebic, A., Besic, S., Mujagic, A., Muzurovic, J., ... & Rolland, J. (2008). Evaluating a multiple-family group access intervention for refugees with PTSD. *Journal of Marital and Family Therapy*, 34(2), 149–164. [Full text](#).

Weine, S. M., Raina, D., Zhubi, M., Delesi, M., Huseni, D., Feetham, S., ... & Pavkovic, I. (2003). The TAFES multi-family group intervention for Kosovar refugees: A feasibility study. *The Journal of Nervous and Mental Disease*, 191(2), 100–107. [Abstract](#).