Table S1. Charting Data Form

Study	Location	Target Group	Sample size	Ethnicity	Intervention	Study type	Findings/Outcomes	Training	Findings of interest
Abrahamson et al. (2009)	Sweden	Refugees settled in Sweden	(N=8)	Baltic states, Arabic countries, and North Africa	Bridge Builders Project. A co-produced model designed to train refugees as peer workers	Mixed method and Qualitative Co-produced intervention	3 findings; bridge-builder roles as a mediator in the care encounter, as an information provider and enabler of integration	The training was planned as a dialectic process between theory and the bridge-builders' experiences public health (e.g. determinants of health inequalities) . psychology (e.g. issues of identity and psychological first aid) . medical anthropology (e.g. to increase understanding of beliefs about health and of different health systems).	The model was developed based on the refugees' stories/narrative of being refugees. Partnerships with other organisations working with refugees
Block et al. (2018)	America	Refugee and asylum seeker men and women who have survived torture, trauma, and oppression	(N=79)	Iraqi men, women, and families, Burmese Bhutanese (ethnic Nepali) families, and pan-African	Clubhouse Model 8-week group; 3 hours per group Weekly content, structured but flexible based on manual	Quantitative Evaluation pre-post	Build community networks and Increase feelings of empowerment within the community increased ability to access health care, job resources, transportation school, and their own ethnic community. The following measures: Expectations vs. Outcomes; Ability to Access Services**;** Feelings of	Peer facilitators receive training at JFCS in group dynamics, cultural sensitivity, and recognizing and referring individuals: 1) in need of mental health services, or 2) at risk of harm to self or others, to the appropriate resources. Peer facilitators are encouraged to check in with group members via telephone or email in order to facilitate communication and develop stronger bonds and to acknowledge that pressing questions or concerns cannot always wait until the next meeting	Mono-ethnic, gender, age

Table S1. Charting Data Form

							Hopelessness/Loneliness, Friends, Trust**.**		
Graaff et al. (2020)	Amsterdam	Elevated level of psychological distress	(N=60)	Syrian refugees	Programme Management Plus (PM+) Manualised five 90 min sessions, delivered weekly	Pilot RCT comparative trial PM+ versus PM+ and care as usual	Primary outcomes. Hopkins Symptom Checklist (HSCL-25) Secondary outcomes various outcome measures	Facilitators received 8 days of training followed by weekly face-to-face group supervision by PM+ trainers/supervisors throughout the trial. Training involved education about common mental disorders basic counselling skills, delivery of intervention strategies and selfcare	Supervision of peers is integral to learning the protocols and self-care. Intervention was acceptable, feasible and potentially cost saving Participants accessed through a non-governmental organization (NGO) providing support with integration, including housing
Im & Rosenberg (2016)	America	Resettlement/health in America	(N=9) Peer workers (N=27) participants	Bhutanese refugees	Community health workshop (CHW) Sessions related to nutrition, daily stressors of resettlement, coping strategies,	Qualitative evaluation, participatory approach Analysed through Social Capital Framework. Focus groups	Improvement in health promotion outcomes and health practice, as well as perceived emotional health. The results also showed that the peer led CHW provided a platform of community building and participation,	Community leaders and members of the refugee community were trained in mental health and psychosocial support, and health education and facilitation skills, to prepare them for providing Community-based health workshops to their fellow refugees. Four-day training on mental health and psychosocial factors	Participatory approach (community stakeholders) to develop culturally responsive content

Table S1. Charting Data Form

							while increasing a sense of community, sense of belonging and unity		
Koh et al (2018)	Australia	Women refugees	(N=111)	Afghan, Burmese and Sudanese women	Peer-support training and a free unlimited fixed-dial mobile phone for one year	Mixed methods, call logs and qualitative interviews thematically analysed	Building social capital. mobile phones played important roles in bonding social capital development, resulting in a complex support network among participants. To a lesser extent, there was also evidence of bridging social capital creation. By providing linkages to government institutions through an interpreter service, the mobile phones gave participants easy access to linking social capital, in their heritage language.	Participants attended weekly training sessions for the first six weeks followed by five bi-monthly training sessions. Through community interpreters, the training sessions focused on developing communication skills such as active listening, turn-taking, and practicing group norms of trust and reciprocity	Recruited participants through four community leaders from Afghan, Burmese and Sudanese communities, and grouped them with the leaders who had recruited them. Leaders helped design functions of group

Table S1. Charting Data Form

Paloma et al. (2020a)	Spain	Settled refuges as peer mentors, newly arrived refugees as participants	(N=11) peers (N=36) group members	Honduras, Venezuela, El Salvador, Cuba, and Colombia; Cameroon, Burkina Faso, Guinea-Bissau, Gambia, and Ivory Coast Ukraine asylum seekers	First, the training of peers, second, the delivery of the community intervention. Topics included migratory mourning" (e.g., social network, language, culture, and status), and identifying personal strengths and community resources to cope with them. The final 2-week period was set aside to train the participants in mentoring (e.g., working on skills for group revitalization and creating material adapted to each cultural group	Thematic analysis of field notes, transcripts of training groups, and participant written evaluations on 7 open questions	Empowerment, resilience, hope, self-efficacy, community participation	Intervention implementation comprised two phases: (a) peer mentorship training; and (b) cultural peer-support 16 sessions (2-3 hours) Protocols: guided relaxation; (b) individual reflection; (c) the sharing of migration stories; and (d) the presentation of community resources found in the city by the participants related to the session content	Working closely with the community and finding synergies with existing social organizations during intervention increases the likelihood of building lasting change in host localities
Paloma et al. (2020b)	Spain	Settled refugees	(N=10) peer mentors	As above	Cultural peer group as above	Qualitative	Resilience and empowerment	As above	Community partnerships with NGO documented implementation outcomes which revealed high intervention acceptability,

Table S1. Charting Data Form

									appropriateness, and feasibility
Purgato et al (2021)	Western Europe 6 countries Italy, Germany, Austria, Finland, England and Scotland	Prevention intervention with asylum seekers, and refugees with psychological distress not meeting diagnostic criteria.	(N=459)	Syria, Nigeria, Iraq, Afghanistan Pakistan,	Self Help Plus, standardised and manualised group intervention. Pre-recorded audio plus manual delivered by peer facilitators. Based on Acceptance and commitment therapy Five sessions of two hour duration	RCT versus enhanced care as usual	Primary outcomes prevention of the onset of diagnosis using MINI. Secondary outcomes were assessed through various outcome measures As a prevention effect of SH+ was not observed at 6 months, but rather after the intervention only	Facilitators completed 5 days of training, which included listening to the audio recordings, receiving instruction on SH+ facilitation skills, and role-playing and practicing SH+ sessions. Delivered by peer migrants who spoke native language Supervision by a clinical psychologist	No benefit at follow up, only directly after the intervention
Renner et al. (2011	Austria	Asylum seekers with trauma	Peer facilitat ors (N=4) (N=94) particip ants).	Chechnya	Culture-Sensitive and Resource Oriented Peer (CROP)	Quantitativ e RCT Comparati ve against bona fide therapies.	Trauma and post traumatic growth. Harvard Trauma Questionnaire (HTQ). Hopkins Symptom Checklist-25 (HSCL-25	12 workshops with a total of 180 hours The workshops addressed themes like culturally specific sequelae of trauma found in Chechens previously, trauma and culture, as well as examples of good practice of culturally sensitive treatment approaches Flexible topics such as child care, household affairs, or cooking, while men adhered to	The *CROP-Groups* were free to follow their own ideas and to respond spontaneously to the group members' needs

Table S1. Charting Data Form

								themes like how to deal with the authorities in a proper way, how to obtain an Austrian driving license, how to help their compatriots when in need of special medical assistance, or how to apply for a job or to find work	
Stewart et al. (2012)	Canada	Refugees	(N=58)	Somali and Sudanese	Delivered by peers/professionals Provision of information, affirmation and emotional support; and accessibility (e.g. childcare, transportation) bi-weekly for a face-to-face session for 12 weeks. Peer facilitators delivered supplementary one-to-one support via the telephone	Qualitative participatory research design. Intervention ingredients identified by participants	Increased social integration, decreased loneliness, and expanded coping repertoire. A major perceived benefit of the support programme was connecting with people from African refugee participants' cultural communities	The training session focused on (i) the purpose of the support intervention; (ii) responsibilities of participants, roles of peers and professionals, and co-leadership⁄partnership techniques; (iii) potential discussion themes; (iv) face-to-face group facilitation skills and use of the telephone for dyadic support delivery; and (v) strategies for assisting participants who need more support than the intervention could provide.	Matched by gender and ethnicity, Collaboration and consultation with refugee-serving agencies and leaders from the two refugee communities. the research team held consultative meetings with refugee service providers, multicultural organisations and refugee community leaders
Shaw (2014)	America	Settled refugees working as resettlement peer case workers	(N=9)	Middle East, Africa, South Asia, and Southeast Asia	Examined the experiences of offering peer support without training by those employed by one organisation as case workers	Qualitative phenomenological approach, thematic analysis	primary themes, including a) the caseworker's bridge-building role with clients; b) their role in building bridges with	None provided	N/A

Table S1. Charting Data Form

							others in the community, including the resettlement agency; and c) the caseworkers' experience as bridge builders, including motivations, perspectives toward their role, and needed supports.		
Tol et al. (2020)	Uganda	Women refugees in camp in Uganda with moderate psychological distress	(N=613)	South Sudanese	Self Help Plus, standardised and manualised group intervention. Pre-recorded audio plus manual delivered by peer facilitators and local lay people. Based on Acceptance and commitment therapy Five sessions of two hour duration	Cluster RCT versus enhanced usual care	Positive effects for intervention at 3 month follow up The primary outcome psychological distress was assessed using Kessler 6 symptom checklist Secondary outcomes using various outcome measures	Four of the facilitators were trained before the uncontrolled pilot trial (5 days) Four new facilitators were trained by listening through the audio, and taking part in practice Self-Help Plus sessions (led by intervention team leader;(4 days); and training in Self-Help Plus facilitation skills (4 days). The facilitator's role was limited, focusing on playing the audio recording, responding to questions and disruptions, and facilitating highly scripted individual exercises and small group discussions. Supervision was provided by a social worker	Reductions in benefit of intervention over the 3 months to follow up

Table S1. Charting Data Form

Tran et al. (2013)	America	Women mental health needing referral	(N=54) participants	Latino	ALMA (Amigas Latinas Motivando el Alma/Latina Friends Motivating the Soul),	Pre-post evaluation of depression, stress, social (including acculturation stress) support and coping response	Decreased depressive symptoms, (b) improved attitudes toward depression and treatment, (c) decreased perceived and acculturative stress levels, (d) increased levels of social support, and (e) increased coping mechanisms.	The training curriculum consisted of at least six 2- to 3-hour training sessions on mental health, stress, and coping skills and how to reach out to women in the *promotoras*' social networks. For curriculum see (Green et al., 2012).	N/A
Wollersheim et al. (2013	Australia	Women refugees	(N=10)	Sudanese	Mobile phone-based peer support to improve the psychosocial health	Participatory Qualitative focus groups	Greater confidence and empowerment; better connections within the group and better access to information; Relationships with friends, family and the community became richer as they adopted and experienced more functional communication patterns	10-week group demonstrating skills in listening and speaking as well as topics related to goals and community	Program details, including discussion topics, daily session scheduling and duration, demographic and focus group questions, were fleshed out in consultation with leaders from both the men's and women's Nuer community organisations. Discussion topics were also vetted by the participants themselves