
“... Peer-led support groups improve communication between patients and physicians and increase medication compliance.” Sheffield, A. (2003). Referral to a peer-led support group: An effective aid for mood disorder patients. Primary Psychiatry, 10(5), 89-94.

“Physicians should inform patients about the benefits of support groups and patients... should seek the involvement of physicians in their communities.” Sheffield, A. (2003). Referral to a peer-led support group: An effective aid for mood disorder patients. Primary Psychiatry, 10(5), 89-94.


“People living with a problem have the capacity to develop experiential knowledge and wisdom about their situation by participating in self-help/mutual aid. This experiential perspective is different from that of the involved professional or lay bystander, partly because of the different relationship each has to the problem”. Borkman, T. (1999). Understanding self-help/mutual aid: Experiential learning in the commons. Piscataway, NJ: Rutgers University.

“Perspectives on recovery have changed dramatically over the past few years. It is increasingly plausible that not referring patients to recovery and rehabilitation-oriented groups - to self-help groups, supported employment, supported education, and other similar community participation and consumer run programs - may now raise liability issues, whereas such referrals may have been viewed as risky decades earlier.” Salzar, M., & Kundra, L. (2010). Law & Psychiatry: Liability issues associated with referrals to self-help groups. Psychiatric Services, 61(1), 6-8.