

Appendix 14: Evidence tables for RQ2.2 – Views and experiences of service users, their family and carers

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 16	Notes
<p>Brooks et al. (2007)</p> <p>Brooks AJ, Malfait AJ, Brooke D, Gallagher SM, Penn PE. Consumer perspectives on co-occurring disorders treatment. Journal of Drug Issues. 2007;37:299-20.</p> <p>Country: US</p> <p>Geographical location: NR</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: service users with co-occurring diagnosis</p> <p>Service users N = 35</p> <p>Service/settings details: Intensive (outpatient) day treatment programme (ADMIRE plus) specifically for individuals with COD; treatment as usual (TAU)</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: 34% % white: 71% Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: N/A (mean NR) % female: N/A % white: 71%</p>	<p>Research question: not explicitly stated, but focus of study was, first, to describe the treatment experiences of persons with co-occurring disorders and identify factors facilitating and/or hindering treatment progress. A secondary purpose was to compare the responses of service users who received services through a totally integrated program versus a more fragmented approach in a traditional outpatient program with services coordinated by a case manager.</p> <p>Inclusion/Exclusion: (1) Service users diagnosed with co-</p>	<p>Key themes:</p> <p><u>6.5 Continuity of care and smooth transitions</u> 6.5.1 Fragmented care</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u> 6.6.1 Treatment environment 6.6.2 Integrated approach to care</p> <p><u>6.8 Fast access to reliable health advice</u> 6.8.1 Service structure</p> <p><u>6.9 Involvement in decisions and respect for</u></p>	<p>Limitations identified by authors: (1) A portion of the tape for one of the TAU groups was damaged resulting in that data being excluded from between group comparisons. (2) Generalisability – "in the present case some of the comments and conclusions may be unique to the community in which the study was conducted."</p> <p>Limitations identified by review team: No additional limitations identified</p>

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	<p><i>Details on SMI/SM diagnosis:</i> Diagnosis: Mixed. Substance and psychiatric diagnosis were available for 30 out of 35 participants: (1) psychiatric disorders: 40% thought disorder; 37% mood disorder; 13% bipolar; 13% PTSD; (2) substance misuse diagnosis: 43% alcohol misuse; 27% opioid misuse; 23% polysubstance misuse; 17% marijuana misuse</p> <p>Method of SMI assessment: Documented diagnosis in case notes (note: 30 out of 35 participants were diagnosed with a co-occurring disorder on the basis of having a primary Axis I thought or affective disorder and current substance misuse disorder (per DSM-IV criteria), as indicated on their current medical chart)</p> <p>Category: Alcohol and drug</p> <p>Assessment: Documented diagnosis in case notes (note: 30</p>	<p>occurring mental health and substance misuse disorders. (2) Service users currently attending/recently completed either the ADMIRE plus or TAU programmes</p> <p>Data collection method: Focus group</p> <p>Data collection setting: Community setting</p> <p>Data analysis method: NR</p> <p>Outcomes: (1) Treatment experiences of person's with co-occurring disorders from integrated and fragmented treatment programmes</p>	<p><u>preferences</u></p> <p>6.9.1 Service user-focused approach</p>	<p>by review team</p> <p>Funding: Centre of Substance Abuse Treatment</p>
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	<p>out of 35 participants were diagnosed with a co-occurring disorder on the basis of having a primary Axis I thought or affective disorder and current substance misuse disorder (per DSM-IV criteria) as indicated on their current medical chart.)</p> <p>Timescale for assessing comorbidity: NR</p>			
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<p>Cruce, Öjehagen & Nordström (2012)</p> <p>Cruce G, Öjehagen A, Nordström M. Recovery-promoting care as experienced by persons with severe mental illness and substance misuse. International Journal of Mental Health and Addiction. 2012;10:660-69.</p> <p>Country: Sweden</p> <p>Geographical location: Urban, Southern Sweden</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: (1) Persons with concomitant severe mental illness and substance misuse (2) Participating in an outpatient treatment programme; all had previously experienced treatment in various mental health and social care settings</p> <p>Service users N = 8</p> <p>Service/settings details: At the time the study was performed the participants had taken part in an integrated outpatient programme/specialist dual diagnosis programme for several years; (the team provided psychosocial and pharmacological treatment in a stepwise and long-term manner, outreaching interventions, motivational counselling</p>	<p>Research question: To investigate what aspects of the care of persons with concurrent mental illness and substance misuse that are experienced, by the persons themselves, to be beneficial to their recovery.</p> <p>Inclusion/Exclusion: (1) Persons with concomitant severe mental illness and substance misuse</p> <p>Data collection method: Interview (face-to-face)</p> <p>Data collection setting: Home</p> <p>Data analysis method:</p>	<p>Key themes:</p> <p><u>6.3 Attention to physical and environmental needs</u> 6.3.1 Housing issues</p> <p><u>6.4. Clear, comprehensible information and support for self-care</u> 6.4.1 The provision of information/training</p> <p><u>6.5 Continuity of care and smooth transitions</u> 6.5.1 Fragmented care</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u> 6.6.2 Integrated approach to care</p>	<p>Limitations identified by authors: (1) Generalisability of results may be difficult due to the fact that the sample was small.</p> <p>Limitations identified by review team: (1) No demographic data recorded in regards to race/ethnicity of participants. (2) No direct participant quotes.</p> <p>Funding: NR</p>

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	<p>interventions as well as supportive social measures. The interventions were delivered in the patient's own environment</p> <p><i>Details on service users:</i> Age: 27–54 (mean = 43.8) % female: 25% % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: N/A (mean = 43.8) % female: N/A % white: NR</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: Mixed. 37.5% bipolar; 50% schizophrenic; 12.5% schizotypal</p> <p>Method of SMI assessment: NR</p> <p>Category: Alcohol and drug</p> <p>Assessment: NR</p> <p>Timescale for assessing comorbidity: NR</p>	<p>Thematic analysis</p> <p>Outcomes: Aspects of care which are beneficial to recovery</p>	<p><u>6.7 Emotional support, empathy and respect</u> 6.7.1 Relationships with healthcare professionals</p>	
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<p>Edland-Gryt & Skatvedt (2013)</p> <p>Edland-Gryt M, Skatvedt AH. Thresholds in a low-threshold setting: An empirical study of barriers in a centre for people with drug problems and mental health disorders. <i>International Journal of Drug Policy</i>. 2013;24:257-64.</p> <p>Country: Oslo, Norway</p> <p>Geographical location: NR</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: Drug users with mental health problems using a 'low threshold' centre in Oslo.</p> <p>Service users and practitioners N = 66 service users; number of staff not recorded</p> <p>Service/settings details: A 'low threshold' service for people who suffer from poor physical and mental health and who have an extensive use of illicit substances. The centre is provided by the Church's City Mission, a non-governmental organisation. The staff are professionals such as psychiatrist, doctors, psychiatric nurses, nurses and social workers</p> <p><i>Details on service users:</i> Age: NR (mean = 36.0)</p>	<p>Research questions: Aimed to discuss the characteristics of different thresholds that users of low-threshold services need to cross in order to start or maintain a process of recovery. Our ambition is to stimulate reflection on barriers in a low-threshold setting and to contribute to the development of policy concerning recovery for service users in this field.</p> <p>Inclusion/Exclusion: Individuals attending a 24/7 low threshold service</p> <p>Data collection method: Focus group and</p>	<p>Key themes:</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u> 6.6.1 Treatment environment</p>	<p>Limitations identified by authors: (1) Due to the influence of drugs, interviewing some of the service users in this study was a challenge. This influences the quality of parts of the material. (2) Generalisability: this study only included service users present at the centre and not out in the open drug scene in Oslo or in other low-threshold services. The reason for this choice is that the study is part of an evaluation of the</p>

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	<p>% female: 31% % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: N/A (mean = 36.0) % female: N/A % white: NR</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: NR. NR</p> <p>Method of SMI assessment: NR</p> <p>Category: Alcohol and drug</p> <p>Assessment: NR</p> <p>Timescale for assessing comorbidity: NR</p>	<p>interview</p> <p>Data collection setting: Community setting</p> <p>Data analysis method: NR</p> <p>Outcomes: Examination of the kind of ‘thresholds’ (that is, ease of accessing support) experienced by service users at a low-threshold centre.</p>		<p>centre itself.</p> <p>Limitations identified by review team: Poor participant demographic information</p> <p>Funding: Norwegian Institute for Alcohol and Drug Research</p>
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<p>Edward & Robins (2012)</p> <p>Edward K-L, Robins A. Dual diagnosis, as described by those who experience the disorder: using the internet as a source of data. International Journal of Mental Health Nursing. 2012;21:550-59.</p> <p>Country: US</p> <p>Geographical location: NR</p> <p>Study design: Autobiographical accounts</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of assessment received</p>	<p>Details on population and sample selection: Persons with a dual diagnosis according</p> <p>Service users N = NR</p> <p>Service/settings details: Participant data was drawn from web forums</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: N/A (mean NR) % female: N/A % white: NR</p> <p><i>Details on SMI/SM diagnosis:</i></p>	<p>Research question: Aimed to explore the personal narratives of those who experience dual diagnosis.</p> <p>Inclusion/Exclusion: (1) Persons with a dual diagnosis (according to the WHO definition)</p> <p>Data collection method: Internet forum data</p> <p>Data collection setting: Internet forum</p> <p>Data analysis method: Content analysis</p> <p>Outcomes: Personal narratives of service users with a dual diagnosis</p>	<p>Key themes:</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u> 6.6.2 Integrated approach to care</p>	<p>Limitations identified by authors: (1) There were limitations related to the openly-accessible online support group sites for those who experience dual diagnosis. Of the sites that were openly available (that is, without having to have membership requiring a username and password), these were located in the USA, limiting the availability of a cross-cultural context related to this complex clinical</p>

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	<p>Diagnosis: NR. NR</p> <p>Method of SMI assessment: NR</p> <p>Category: NR</p> <p>Assessment: NR</p> <p>Timescale for assessing comorbidity: NR</p>			<p>group.</p> <p>Limitations identified by review team: (1) Data may be biased as it was sourced from internet forums. Potential issues concern the accessibility of computers (which may preclude some people from accessing forums), as well as whether or not the forums themselves are used to voice negative experiences of care as opposed to positive experiences.</p> <p>Funding: NR</p>
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Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 16	Notes
<p>England Kennedy & Horton (2011)</p> <p>England Kennedy ES, Horton S. "Everything that I thought that they would be, they weren't": Family systems as support and impediment to recovery. <i>Social Science & Medicine</i>. 2011;73:1222-29.</p> <p>Country: New Mexico, US</p> <p>Geographical location: Mixed</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: (1) Individuals with SMI, SD or COD, (2) service user selected friends/family members</p> <p>Service users and family/carers N = 325 service users (122 with COD); 217 friends/family members (68 friends/family of COD service users).</p> <p>Service/settings details: Participants were recruited from 14 behavioural health agencies, including community mental health centres, residential and outpatient treatment centres and small group practices</p> <p><i>Details on service users:</i> Age: 16–70 (mean NR) % female: 60.50% % white: 36% Socioeconomic status: Low SES</p>	<p>Research question: Not explicitly stated, but study explores: (1) specific fears of families with members diagnosed with COD, (2) perceptions of assistance, (3) how families can impede recovery if members remain unaware of challenges to recovery, (4) interpretation of verbal and nonverbal communication.</p> <p>Inclusion/Exclusion: (1) Individuals diagnosed an SMI, SD or both who (a) were under 200% of the federal poverty level, (b) had accessed or attempted to access publically funded</p>	<p>Key themes:</p> <p><u>6.10 Involvement of, and support for, family and carers</u> 6.10.1 Failure to provide information to family/carers</p>	<p>Limitations identified by authors: (1) Sampling method and recruitment of service user interviewees – "[individuals] with denser agency related networks were more likely to be included than those who were not well known to providers."</p> <p>Limitations identified by review team: (1) COD data is not separated out.</p> <p>Funding: National Institute of Mental</p>

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	<p><i>Details on family/carer/practitioner:</i> Age range: 16-80 (mean NR) % female: 87% % white: 36%</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: Mixed. NR</p> <p>Method of SMI assessment: NR</p> <p>Category: NR</p> <p>Assessment: NR</p> <p>Timescale for assessing comorbidity: NR</p>	<p>services in the preceding year and (c) were aged 18 or older. (2) Service user-nominated family members/friends</p> <p>Data collection method: Interview (face-to-face)</p> <p>Data collection setting: Multiple (Home, Community settings)</p> <p>Data analysis method: NR</p> <p>Outcomes: Support provided to service users by agencies, public services, and individuals.</p>		<p>Health and Substance Abuse and Mental Health Services Administration</p>
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<p>Fraser et al. (2003)</p> <p>Fraser A, Barlow J, Bland N, Carroll J, Colvin I, Crome I, et al. Mind the gaps. Meeting the needs of people with co-occurring substance misuse and mental health problems. Scottish Executive: Edinburgh, Scotland; 2003.</p> <p>Country: Scotland, UK</p> <p>Geographical location: Mixed</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: -</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: service users with a dual diagnosis</p> <p>Service users N = 45</p> <p>Service/settings details: NR</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: NR (mean NR) % female: NR % white: NR</p> <p><i>Details on SMI/SM diagnosis:</i></p>	<p>Research question: not explicitly stated, study explored service users' experiences of having a dual diagnosis and their experience of services.</p> <p>Inclusion/Exclusion: NR</p> <p>Data collection method: Focus groups and face-to-face interviews</p> <p>Data collection setting: NR</p> <p>Data analysis method: NR</p> <p>Outcomes: views about problems, experiences of services and how services can be improved</p>	<p>Key themes:</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u> 6.6.1 Treatment environment</p> <p><u>6.8 Fast access to reliable health advice</u> 6.8.1 Service structure</p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: No information about included participants, methodology or analysis of results</p> <p>Funding: NR</p>

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	Diagnosis: NR. NR. Method of SMI assessment: NR Category: Alcohol and drug Assessment: NR Timescale for assessing comorbidity: NR			
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Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 16	Notes
<p>Green et al. (2015)</p> <p>Green CA, Yarborough MT, Polen MR, Janoff SL, Yarborough BJH. Dual recovery among people with serious mental illnesses and substance problems: a qualitative analysis. <i>Journal of Dual Diagnosis</i>. 2015;11:33-41.</p> <p>Country: Oregon, US</p> <p>Geographical location: NR</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of engagement with care</p>	<p>Details on population and sample selection: Participants with SMI and SD</p> <p>Service users N = 177</p> <p>Service/settings details: The Study of Transitions and Recovery Strategies (STARS) sample consisted of members of Kaiser Permanente Northwest, a group-model not-for-profit integrated health plan that provides comprehensive medical and behavioural healthcare to nearly 500,000 members</p> <p><i>Details on service users:</i> Age: 16–84 (mean = 48.8; SD = 14.8) % female: 52% % white: 94% Socioeconomic status: NR</p>	<p>Research question: not explicitly stated, but study explored service user’s views about how substance use affected their mental health recovery trajectories. These experiences were used to suggest clinical and systems-based approaches to increasing engagement and improving mental health and addiction recovery outcomes.</p> <p>Inclusion/Exclusion: Inclusion: (1) 16 years and older (2) have at least 12 months of health plan membership, and (3) received an inclusion diagnosis at least twice in the prior</p>	<p>Key themes:</p> <p><u>6.7 Emotional support, empathy and respect</u></p> <p>6.7.1 Relationships with healthcare professionals</p>	<p>Limitations identified by authors: (1) Generalisability of results may be difficult due to the lack of representativeness of the sample (majority white and all had health insurance). (2) Themes were emergent and do not permit an accurate estimate of prevalence of these perspectives/experiences within the sample.</p> <p>Limitations identified by review team: (1) Did not</p>

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	<p><i>Details on family/carer/practitioner:</i> Age range: N/A (mean = 48.8; SD = 14.8) % female: N/A % white: 94%</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: Mixed. 42% schizophrenia/schizoaffective; 48% bipolar I/II disorder; 10% affective psychosis</p> <p>Method of SMI assessment: NR</p> <p>Category: Alcohol and drug</p> <p>Assessment: NR</p> <p>Timescale for assessing comorbidity: NR</p>	<p>year</p> <p>Data collection method: Interview (face-to-face)</p> <p>Data collection setting: Multiple (Home, Community settings)</p> <p>Data analysis method: NR</p> <p>Outcomes: Explore the individual perspectives of service users with SMI and SD in the context of a larger mixed methods study of mental health recovery</p>		<p>systematically enquire about substance abuse at baseline and no breakdown in regards to which substances participants were misusing.</p> <p>Funding: National Institute of Mental Health</p>
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<p>Hodges et al. (2006)</p> <p>Hodges C-L, Paterson S, McGarrol S, Taikato M, Crome I, Baldacchino A. Co-morbid Mental Health and Substance Misuse in Scotland. Scotland: Scottish Executive; 2006. Available from: http://www.gov.scot/Resource/Doc/127647/0030582.pdf [accessed 14th August 2015].</p> <p>Country: Scotland, UK</p> <p>Geographical location: Mixed</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: -</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: Commissioners, service providers and service users. Only views/experiences of service users were included in RQ 2.2.</p> <p>Service users N = 38</p> <p>Service/settings details: Mixed</p> <p><i>Details on service users:</i> Age: 20-57 (mean NR) % female: 21% % white: 100% Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: NR (mean NR) % female: NR % white: NR</p>	<p>Research question: The research focused on the service users' views on the provision of Mental Health, Substance Misuse and other Support Services</p> <p>Inclusion/exclusion: Service users, service practitioners and commissioners</p> <p>Data collection method: Interview (multiple methods)</p> <p>Data collection setting: NR</p> <p>Data analysis method: Framework analysis</p> <p>Outcomes: Identify the broad range of health</p>	<p>Key themes:</p> <p><u>6.3 Attention to physical and environmental needs</u> 6.3.1 Housing issues</p> <p><u>6.5 Continuity of care and smooth transitions</u> 6.5.1 Fragmented care</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u> 6.6.1 Treatment environment 6.6.2 Integrated approach to care</p> <p><u>6.7 Emotional support, empathy</u></p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: Lack of direct participant quotes; information about analysis of data was brief</p> <p>Funding: Scottish Government</p> <p>Study also included in RQ 2.1</p>

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	<p><i>Details on SMI/SM diagnosis:</i> Diagnosis: NR Method of SMI assessment: NR Category: Alcohol or drug Assessment: NR Timescale for assessing comorbidity: NR</p>	<p>and social care needs of people with comorbid mental health and substance misuse issues in Scotland</p>	<p><u>and respect</u> 6.7.1 Relationships with healthcare professionals <u>6.8 Fast access to reliable health advice</u> 6.8.1 Service structure <u>6.9 Involvement in decision making and respect for preferences</u> 6.9.1 Service user-focused approach</p>	
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<p>Holt & Treloar (2008)</p> <p>Holt M, Treloar C. Understanding comorbidity? Australian service-user and provider perspectives on drug treatment and mental-health literacy. <i>Drugs: Education, Prevention and Policy</i>. 2008;15:518-31.</p> <p>Country: Brisbane (Queensland); Perth (Western Australia); Sydney and Bathurst in New South Wales, Australia</p> <p>Geographical location: NR</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: -</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: Service user of drug treatment services with a dual diagnosis, and service providers</p> <p>N = 77 service users; 18 practitioners</p> <p>Service/settings details: Service users were recruited from local drug treatment centres and user organisations; service provider participants were drawn from drug treatment services, mental health facilities, drug user groups and related support organisations in the 4 recruitment sites</p> <p><i>Details on service users:</i> Age: NR (mean = 37.0) % female: 49% % white: NR Socioeconomic status: NR</p>	<p>Research question not explicitly stated. Authors sought to bring service user perspectives on drug treatment and mental health to the foreground, focusing on the ways that common mental health problems (anxiety and depression) are incorporated or not within treatment for illicit drugs.</p> <p>Inclusion/Exclusion: Participants had to (1) be able to give or withhold consent, (2) be aged 18 or over (3) report a history of illicit opiate or stimulant use, (4) have current or recent experience of formal drug treatment</p>	<p>Key themes:</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u></p> <p>6.6.1 Treatment environment</p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: (1) Poor data on participant demographics</p> <p>Funding: Australian Government Department of Health and Ageing</p>

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	<p><i>Details on family/carer/practitioner:</i> Age range: N/A (mean = 37.0) % female: N/A % white: NR</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: Mixed. Diagnosis received over the course of their treatment history: 94% depression; 29% anxiety (23% overlap with depression/have a concurrent diagnosis of both depression and anxiety)</p> <p>Method of SMI assessment: NR</p> <p>Category: Alcohol and drug</p> <p>Assessment: NR</p> <p>Timescale for assessing comorbidity: Lifetime</p>	<p>(within the previous 2 years), and (5) report a clinical diagnosis of (or treatment for) a common mood or affective disorder, such as depression or anxiety, during the previous 2 years</p> <p>Data collection method: Interview (multiple methods)</p> <p>Data collection setting: NR</p> <p>Data analysis method: Grounded theory</p> <p>Outcomes: How co-occurring drug and mental health problems are discussed in treatment settings</p>		
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Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 16	Notes
<p>Johnson et al. (2013)</p> <p>Johnson JE, Chatav Schonbrun Y, Nargiso JE, Kuo CC, Shefner RT, Williams CA, et al. "I know if I drink I won't feel anything": substance use relapse among depressed women leaving prison. International journal of prisoner health. 2013;9:169-86.</p> <p>Country: US</p> <p>Geographical location: NR</p> <p>Study design: Mixed – primary qualitative research and survey data</p> <p>Quality rating: ++</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: (1) Women with co-occurring substance misuse and major depressive disorders (MDD) (2) Returning to the community from prison</p> <p>N = 15 (Qualitative findings); 39 (Results from surveys and interview notes).</p> <p>Service/settings details: Participants were taken from 2 trials of treatment for co-occurring substance use and MDD among incarcerated women nearing release into the community. Trial 1 compared an adapted version of IPT to attention matched psychoeducation on co-occurring disorders. Trial 2 pilot tested an adaption of IPT focussed on improving network support for sobriety</p>	<p>Research question: not explicitly stated, but study sought to explore treatment needs and factors contributing to engagement in substance use and sobriety among women as they return to the community from prison.</p> <p>Inclusion/Exclusion: (1) Current primary (non-substance induced) MDD after at least 4 weeks of abstinence and prison substance use treatment. (2) Minimum score of 18 on 17-item Hamilton Depression Scale. (3) Women who met SCID lifetime criteria for bipolar disorder or psychotic disorder were</p>	<p>Key themes:</p> <p><u>6.3 Attention to physical and environmental needs</u></p> <p>6.3.1 Housing issues.</p> <p>6.3.2 Employment issues</p> <p><u>6.5 Continuity of care and smooth transitions</u></p> <p>6.5.1 Fragmented care</p>	<p>Limitations identified by authors: (1) Generalisability of results may be difficult due to the fact that the sample was small/the "participants came from prisons in two Northeastern US states and it is unclear how results translate to other areas of the world." (2) Interviews took place at varying lengths of time after prison release and 5 of the original 20 interviews were not recorded. (3) Participants in one of the studies received 8 weeks of</p>

Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

	<p><i>Details on service users:</i> Age: N = 39 (mean = 36); N = 15 (mean = 36) % female: 100% % white: % white NR; N = 39 (20% African-American; 10% Hispanic); N = 15 (20% African-American; 7% Hispanic) Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: NR % female: NR % white: % white NR; N = 39 (20% African-American; 10% Hispanic); N = 15 (20% African-American; 7% Hispanic)</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: Severe depressive episode(s) without psychotic episodes. NR</p> <p>Method of SMI assessment: Consensus method (structured diagnostic interview combined with at least one other source) (note: MDD as</p>	<p>excluded</p> <p>Data collection method: Interview (multiple methods)</p> <p>Data collection setting: NR</p> <p>Data analysis method: Grounded theory</p> <p>Outcomes: Treatment needs and factors contributing to engagement in substance use and sobriety</p>		<p>additional MDD-focussed group treatment in prison, which may have influenced women's explanations of the reasons for their relapse and recovery.</p> <p>Limitations identified by review team: No additional limitations located</p> <p>Funding: US National Institute on Drug Abuse</p>
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Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

	<p>determined by the structured clinical interview for DSM-IV (SCID) after at least 4 weeks of abstinence and prison substance-misuse treatment, with a 17-item Hamilton Depression Scale, with a minimum score of 18 indicating moderate to severe depression)</p> <p>Category: Alcohol and drug</p> <p>Assessment: Structured clinical interview (note: Substance use disorder (abuse or dependence on alcohol or drugs) one month prior to incarceration as determined by SCID; and 10–24 weeks away from prison release.)</p> <p>Timescale for assessing comorbidity: Current</p>			
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Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 16	Notes
<p>Kozloff et al. (2013)</p> <p>Kozloff N, Cheung AH, Ross LE, Winer H, Ierfino D, Bullock H, et al. Factors influencing service use among homeless youths with co-occurring disorders. <i>Psychiatric Services</i>. 2013;64:925-28</p> <p>Country: Toronto, Canada</p> <p>Geographical location: NR</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of access to care</p>	<p>Details on population and sample selection: Youths aged 18 to 26 with co-occurring disorders</p> <p>Service users N = 23</p> <p>Service/settings details: Participants were drawn from inner-city agencies that offered mental health services to homeless youths with co-occurring disorders in Toronto. At each agency, mental health and addictions services were available on site, including consulting psychiatrists</p> <p><i>Details on service users:</i> Age: 18–26 (mean = 22.2) % female: 13% % white: 61% white, 17% Asian, 9% African American, 9% Hispanic, 4% Aboriginal–North American Indian</p>	<p>Research question: Authors sought to increase their understanding of facilitators and barriers to service utilisation among homeless youths with co-occurring disorders.</p> <p>Inclusion/Exclusion: (1) Service users with co-occurring disorders</p> <p>Data collection method: 4 focus group</p> <p>Data collection setting: recruitment sites</p> <p>Data analysis method: Thematic content analysis</p> <p>Outcomes: Factors</p>	<p>Key themes:</p> <p><u>6.3 Attention to physical and environmental needs</u> 6.3.2 Employment issues</p> <p><u>6.5 Continuity of care and smooth transitions</u> 6.5.1 Fragmented care</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u> 6.6.2 Integrated approach to care</p> <p><u>6.7 Emotional support, empathy and respect</u> 6.7.1 Relationships with healthcare professionals</p>	<p>Limitations identified by authors: (1) Generalisability of results may be difficult as participants were a convenience sample recruited from local agencies, and youths were well enough to communicate in a free and goal-directed manner. Thus the sample was likely better served and perhaps less ill than typical homeless youths with co-occurring disorders. (2) Did not use an operationalised</p>

Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

	<p>Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: N/A (mean = 22.2) % female: N/A % white: 61% white, 17% Asian, 9% African American, 9% Hispanic, 4% Aboriginal–North American Indian</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: NR. NR</p> <p>Method of SMI assessment: NR</p> <p>Category: NR</p> <p>Assessment: NR</p> <p>Timescale for assessing comorbidity: NR</p>	<p>influencing service use</p>	<p><u>6.8 Fast access to reliable health advice</u> 6.8.1 Service structure</p>	<p>definition of "homeless youths" or diagnostic tools; rather, there was a reliance on the providers' knowledge of participants. (3) Female participants were poorly represented in most of the focus groups. (4) Although efforts were made to focus the discussion on services for co-occurring disorders, there was inevitably some overlap with general services. Thus the conclusions cannot necessarily be applied to any one specific diagnosis, intervention, or service model.</p> <p>Limitations identified by review</p>
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Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

				team: No additional limitations identified Funding: NR
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Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in appendix 16	Notes
<p>Kuo et al. (2013)</p> <p>Kuo C, Schonbrun YC, Zlotnick C, Bates N, Todorova R, Kao JCW et al. A qualitative study of treatment needs among pregnant and postpartum women with substance use and depression. Substance Use & Misuse. 2013;48:1498-508.</p> <p>Country: US</p> <p>Geographical location: Urban</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: 18 pregnant and postpartum women from a substance misuse treatment centre</p> <p>N = 18</p> <p>Service/settings details: Participants were recruited from a perinatal substance abuse treatment programme that provides outpatient care for pregnant/postpartum women with substance-use disorders</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: 100% % white: 22% Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i></p>	<p>Research question: not explicitly stated, but the authors sought to explore the treatment of pregnant and postpartum women with co-occurring substance use and depression.</p> <p>Inclusion/Exclusion: (1) Score of 10 or above on the Edinburgh Postnatal Depression Scale (EPDS), (2) 18 years old or above</p> <p>Data collection method: Focus group</p> <p>Data collection setting: NR</p> <p>Data analysis method: Grounded theory</p>	<p>Key themes:</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u></p> <p>6.6.1 Treatment environment</p>	<p>Limitations identified by authors: Limited generalisability.</p> <p>Limitations identified by review team: none.</p> <p>Funding: US National Institute on Drug Abuse</p>

Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

	<p>Age range: N/A (mean NR) % female: N/A % white: 22%</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: Severe depressive episode(s) without psychotic episodes.</p> <p>Method of SMI assessment: Self-report using screening instrument (note: Edinburgh Postnatal Depression Scale (EPDS))</p> <p>Category: Alcohol and drug</p> <p>Assessment: NR</p> <p>Timescale for assessing comorbidity: NR</p>	<p>Outcomes: The treatment of pregnant and postpartum women</p>		
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Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 16	Notes
<p>Luciano & Carpenter-Song (2014)</p> <p>Luciano A, Carpenter-Song EA. A qualitative study of career exploration among young adult men with psychosis and co-occurring substance use disorder. <i>Journal of Dual Diagnosis</i>. 2014;10:220-225.</p> <p>Country: US</p> <p>Geographical location: NR</p> <p>Study design: Mixed – primary qualitative research and observation</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: Young adult males with early psychosis and co-occurring substance use. recruited from an integrated treatment centre</p> <p>Service users N = 12</p> <p>Service/settings details: Integrated treatment centre for young adults with early psychosis and substance use disorders</p> <p><i>Details on service users:</i> Age: 18–35 (mean = 26; SD = 3) % female: 0% % white: 100% Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: N/A (mean = 26; SD = 3)</p>	<p>Research question: Not explicitly stated but study sought to explore past and current experiences with work, school, and volunteer opportunities among young adult men participating in integrated treatment for co-occurring substance use and mental disorders.</p> <p>Inclusion/Exclusion: The following criteria determined study eligibility: (a) diagnosis of co-occurring psychotic illness and substance use disorder, (b) currently receiving residential or outpatient services at the integrated mental health</p>	<p>Key themes:</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u></p> <p>6.6.2 Integrated approach to care</p>	<p>Limitations identified by authors: (1) Generalisability of the results may be limited due to the fact that the study sample did not include women, people not in integrated treatment for mental health and substance use disorders, older adults, or people of lower socioeconomic status. (2) These data are cross-sectional, precluding causal interpretation.</p> <p>Limitations</p>

Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

	<p>% female: N/A % white: 100%</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: Psychosis. NR</p> <p>Method of SMI assessment: Documented diagnosis in case notes</p> <p>Category: Alcohol and drug</p> <p>Assessment: Documented diagnosis in case notes Timescale for assessing comorbidity: NR</p>	<p>and substance use treatment centre, (c) between 18 and 35 years of age, and (d) able to provide informed consent</p> <p>Data collection method: Interview (face-to-face)</p> <p>Data collection setting: Community setting</p> <p>Data analysis method: Thematic analysis</p> <p>Outcomes: The meaning and importance of career exploration and career development in the context of integrated treatment</p>		<p>identified by review team: (1) No participant quotes to support points made/themes.</p> <p>Funding: Hitchcock Foundation</p>
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Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 16	Notes
<p>Penn, Brooks & Worsham (2002)</p> <p>Penn PE, Brooks AJ, Worsham BD. Treatment concerns of women with co-occurring serious mental illness and substance abuse disorders. <i>Journal of Psychoactive Drugs</i>. 2002;34:355-62.</p> <p>Country: US</p> <p>Geographical location: NR</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: women with a current diagnosis and history of SMI and substance misuse.</p> <p>Service users N = 7</p> <p>Service/settings details: Treatment centre running a project evaluating 12-step CBT versus self-management and recovery training (SMART)</p> <p><i>Details on service users:</i> Age: 22–55 (mean NR) % female: 100% % white: 57% Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: N/A (mean NR) % female: N/A</p>	<p>Research question: Not explicitly stated, but authors sought to examine the treatment experiences of women with a dual diagnosis.</p> <p>Inclusion/Exclusion: (1) Women with a current diagnosis and history of SMI and substance misuse. (2) Must have an Axis I thought disorder or persistent affective disorder and substance abuse/dependency as per DSM-III</p> <p>Data collection method: Focus group</p> <p>Data collection setting: NR</p>	<p>Key themes:</p> <p><u>6.3 Attention to physical and environmental needs</u> 6.3.1 Housing issues 6.3.2 Employment issues</p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: Small sample</p> <p>Funding: National Institute on Drug Abuse</p>

Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

	<p>% white: 57%</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: Mixed. NR</p> <p>Method of SMI assessment: Consensus method (structured diagnostic interview combined with at least one other source) (note: [1] Case notes from referral team/psychiatrist, [2] Psychiatric Diagnostic Inventory-R and [3] clinical interview administered by trained research staff. [4] Axis 1 DSM-III)</p> <p>Category: Alcohol and drug</p> <p>Assessment: Consensus method (structured diagnostic interview combined with at least one other source) (note: [1] Case notes from referral team/psychiatrist, [2] Psychiatric Diagnostic Inventory-R [Othmer et al., 1989], [3] clinical interview administered by trained research staff and [4] Axis 1 DSM-III)</p> <p>Timescale for assessing</p>	<p>Data analysis method: Thematic analysis</p> <p>Outcomes: Experiences of treatment</p>		
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Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

	comorbidity: NR			
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Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 16	Notes
<p>Rethink (2015)</p> <p>Rethink. Severe mental illness and substance misuse (dual diagnosis) – community health and social care services call for evidence: Rethink Mental Illness response. 2015.</p> <p>Country: UK</p> <p>Geographical location: NR</p> <p>Study design: Primary qualitative study</p> <p>Quality rating: -</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: service users and carers</p> <p>N = 55</p> <p>Service/settings details: NR</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: NR (mean NR) % female: NR % white: NR</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: NR. NR.</p>	<p>Research question: How do service users, and their families or carers view health and social care services for people with a severe mental illness who also misuse substances? What are their experiences of these services?</p> <p>Inclusion/Exclusion: NR</p> <p>Data collection method: NR</p> <p>Data collection setting: NR</p> <p>Data analysis method: NR</p> <p>Outcomes: Experiences of accessing mental health and drug and</p>	<p>Key themes:</p> <p><u>6.4. Clear, comprehensible information and support for self-care</u> 6.4.1 The provision of information/training</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u> 6.6.1 Treatment environment 6.6.2 Integrated approach to care</p> <p><u>6.7 Emotional support, empathy and respect</u> 6.7.1 Relationships with healthcare professionals</p> <p><u>6.10 Involvement of, and support for, family and carers</u></p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: No information about included participants, methodology or analysis of results</p> <p>Funding: Rethink</p>

Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

	<p>Method of SMI assessment: NR</p> <p>Category: Alcohol and drug</p> <p>Assessment: NR</p> <p>Timescale for assessing comorbidity: NR</p>	<p>alcohol services and available support.</p>	<p>6.10.1 Failure to provide information to family/carers</p>	
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Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes; further details in appendix 16)	Notes
<p>Sorsa & Åstedt-Kurki (2013)</p> <p>Sorsa MA, Åstedt-Kurki P. Lived experiences in help-seeking from the perspective of a mother with a dual diagnosis. <i>International Journal of Qualitative Studies on Health and Well-being</i>. 2013;8:20316</p> <p>Country: Finland</p> <p>Geographical location: NR</p> <p>Study design: Case study</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of engagement with care</p>	<p>Details on population and sample selection: 1 mother with a dual diagnosis</p> <p>Service users N = 1</p> <p>Service/settings details: Psychiatric hospital ward and a substance abuse rehabilitation service</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: 100% % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: N/A (mean NR) % female: N/A % white: NR</p>	<p>Research question: Not explicitly stated, but authors aimed to explore and describe the lived experiences, intentions and motives in help-seeking from the perspective of a mother with a dual diagnosis.</p> <p>Inclusion/Exclusion: Service user with a dual diagnosis</p> <p>Data collection method: Interview (face-to-face)</p> <p>Data collection setting: NR</p> <p>Data analysis method: Descriptive phenomenological method</p>	<p>Key themes:</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u> 6.6.1 Treatment environment</p> <p><u>6.9 Involvement in decisions and respect for preferences</u> 6.9.1 Service user-focused approach</p>	<p>Limitations identified by authors: (1) Generalisability is limited as it is a case study based on 1 participant.</p> <p>Limitations identified by review team: (1) Limited demographic data provided in regards to participant. (2) Unclear which elements of the data refer to inpatient experience versus experience of substance misuse rehabilitation setting. (3) Lack of direct quotes to</p>

Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

	<p><i>Details on SMI/SM diagnosis:</i> Diagnosis: Severe depressive episode(s) without psychotic episodes. NR</p> <p>Method of SMI assessment: NR</p> <p>Category: Alcohol and drug</p> <p>Assessment: NR</p> <p>Timescale for assessing comorbidity: 5+ years</p>	<p>Outcomes: Help-seeking intentions and use of services</p>		<p>support theme.</p> <p>Funding: The Finnish Nurses Association</p>
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Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes; further details in appendix 16)	Notes
<p>Tsai et al. (2010)</p> <p>Tsai J, Bond GR, Salyers MP, Godfrey JL, Davis KE. Housing preferences and choices among adults with mental illness and substance use disorders: A qualitative study. <i>Community Mental Health Journal</i>. 2010;46:381-388.</p> <p>Country: US</p> <p>Geographical location: NR</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: service users with a history of homelessness and a dual diagnosis</p> <p>N = 40</p> <p>Service/settings details: Participants were drawn from a pool of individuals living in either supervised housing or independent housing</p> <p><i>Details on service users:</i> Age: NR (mean = 46.3; SD = 7.7) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: N/A (mean = 46.3; SD = 7.7) % female: N/A</p>	<p>Research question: Not explicitly stated, but authors sought to examine housing preferences, decision making processes surrounding housing choices, and perceived barriers to housing.</p> <p>Inclusion/Exclusion: To be eligible, service users had to have a history of homelessness and a dual diagnosis, defined as having a severe mental illness (schizophrenia-spectrum disorder, bipolar disorder, major depressive disorder) and a substance use disorder (any substance dependence or abuse</p>	<p>Key themes:</p> <p><u>6.3 Attention to physical and environmental needs</u> 6.3.1 Housing issues</p>	<p>Limitations identified by authors: (1) Limited data on the background characteristics of participants. Extensive residential histories were not gathered and reports of current housing experiences may be dependent upon past experiences. (2) Quantitative measures of stage of recovery would have also added another level of analysis. The basic demographics of the study sample are roughly similar to other studies of</p>

Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

	<p>% white: NR</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: NR. NR</p> <p>Method of SMI assessment: NR</p> <p>Category: NR</p> <p>Assessment: NR</p> <p>Timescale for assessing comorbidity: NR</p>	<p>diagnosis)</p> <p>Data collection method: Interview (face-to-face)</p> <p>Data collection setting: Home</p> <p>Data analysis method: Content analysis</p> <p>Outcomes: Housing preferences, decision making processes surrounding housing choices, and perceived barriers to housing</p>		<p>this population in Chicago and in national housing studies, but the housing in this study may not be representative of housing in other areas.</p> <p>Limitations identified by review team: (1) Limited demographic data provided in regards to participant.</p> <p>Funding: NR</p>
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Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes; further details in appendix 16)	Notes
<p>Villena & Chesla (2010)</p> <p>Villena ALD, Chesla CA. Challenges and struggles: Lived experiences of individuals with co-occurring disorders. Archives of Psychiatric Nursing. 2010;24:76-88.</p> <p>Country: Greater Bay Area, California, US</p> <p>Geographical location: NR</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: ++</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: (1) Individuals with COD of mental illness, substance abuse and general medical conditions</p> <p>N = 20</p> <p>Service/settings details: Participants were recruited from community treatment centres and supported housing sites</p> <p><i>Details on service users:</i> Age: NR (mean = 51) % female: 45% % white: 25% Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: N/A (mean = 51) % female: N/A % white: 25%</p>	<p>Research question: Not explicitly stated but authors sought to understand, describe, and illustrate the social and structural barriers that individuals with COD of mental illness, substance abuse and general medical conditions encounter in regard to their healthcare.</p> <p>Inclusion/Exclusion: (1) Axis 1 diagnosis, (2) a current or past substance abuse/dependence, (3) at least 1 medical chronic disease, (4) speak English</p> <p>Data collection method:</p>	<p>Key themes:</p> <p><u>6.3 Attention to physical and environmental needs</u> 6.3.1 Housing issues</p> <p><u>6.5 Continuity of care and smooth transitions</u> 6.5.1 Fragmented care</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u> 6.6.1 Treatment environment 6.6.2 Integrated approach to care</p> <p><u>6.8 Fast access to reliable health advice</u> 6.8.1 Service</p>	<p>Limitations identified by authors: (1) Generalisability of results may be difficult due to the lack of representativeness of the sample (participants were drawn from two treatment programmes in the Bay Area). (2) The perspective opinions of staff has been neglected.</p> <p>Limitations identified by review team: (1) Insufficient demographic information</p>

Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

	<p><i>Details on SMI/SM diagnosis:</i> Diagnosis: Mixed. 15% bipolar; depression 65%; schizoaffective 10%; schizophrenic 10%</p> <p>Method of SMI assessment: NR</p> <p>Category: Alcohol and drug</p> <p>Assessment: NR</p> <p>Timescale for assessing comorbidity: NR</p>	<p>Interview (face-to-face)</p> <p>Data collection setting: NR</p> <p>Data analysis method: Interpretative phenomenological analysis (IPA)</p> <p>Outcomes Describe, and illustrate the social and structural barriers that individuals with COD of mental illness, substance abuse and general medical conditions encounter in regard to their healthcare.</p>	<p>structure.</p>	<p>(including no data in regards to participant age range, social/economic status).</p> <p>Funding: NR</p>
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Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes; further details in appendix 16)	Notes
<p>VoiceAbility (2014)</p> <p>VoiceAbility. Deal with that first, and then we'll sort the other one out. 2014.</p> <p>Country: Camden, London, UK</p> <p>Geographical location: Urban</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: -</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: service users</p> <p>N = 48</p> <p>Service/settings details: NR</p> <p><i>Details on service users:</i> Age: 53% aged 35-55 (mean NR) % female: Approximately 3% % white: 45% Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range: NR (mean NR) % female: NR % white: 0.45</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: NR. NR.</p> <p>Method of SMI assessment: NR</p>	<p>Research question: How can the experiences of people with a dual diagnosis help improve the support and treatment experience of the wider service user community?</p> <p>Inclusion/Exclusion: NR</p> <p>Data collection method: Interviews and focus groups</p> <p>Data collection setting: NR</p> <p>Data analysis method: NR</p> <p>Outcomes: Experiences of people in Camden with a dual diagnosis</p>	<p>Key themes:</p> <p><u>6.5 Continuity of care and smooth transitions</u></p> <p>6.5.1 Fragmented care</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u></p> <p>6.6.2 Integrated approach to care</p> <p><u>6.7 Emotional support, empathy and respect</u></p> <p>6.7.1 Relationships with healthcare professionals</p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: Lack of information about included participants and methodology</p> <p>Funding: VoiceAbility</p>

Appendix 14: Evidence tables for RQ2.2 – views and experiences of service users, their family and carers

	Category: Alcohol and drug Assessment: NR Timescale for assessing comorbidity: NR			
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Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes; further details in appendix 16)	Notes
<p>Warfa et al. (2006)</p> <p>Warfa N, Bhui K, Phillips K, Nandy K, Griffiths S. Comparison of life events, substance misuse, service use and mental illness among African-Caribbean, black African and white British men in east London: a qualitative study. <i>Diversity in Health and Social Care</i>. 2006;3:111-21.</p> <p>Country: East London, UK</p> <p>Geographical location: NR</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of care received</p>	<p>Details on population and sample selection: (1) African-Caribbean, black African and white British males, (2) who report dual diagnosis; (3) and were in contact with health and social care services in East London</p> <p>N = 9</p> <p>Service/settings details: Participants were in contact with health and social care services in East London. The vast majority had been hospitalised before, or at the time of, the study</p> <p><i>Details on service users:</i> Age: 18–35 (mean = 26.8) % female: 0% % white: 22% African-Caribbean; 44% black African; 33% white British. Socioeconomic status: NR</p>	<p>Research question: Not explicitly stated, but the authors explored the experiences of African-Caribbean, black African and white British men who had a dual diagnosis and were in contact with health and social care services.</p> <p>Inclusion/Exclusion: (1) African-Caribbean, black African and white British males with a dual diagnosis and were in contact with health and social care services were included. (2) Individuals with learning disabilities or severe communication problems were excluded.</p>	<p>Key themes:</p> <p><u>6.6 Effective treatment delivered by trusted professionals</u> 6.6.1 Treatment environment</p>	<p>Limitations identified by authors: (1) Generalisability of results to other ethnic groups may be difficult due to the lack of representativeness of the sample.</p> <p>Limitations identified by review team: (1) Not always clear whether participants are discussing experiences of inpatient or outpatient care. (2) No service details provided.</p> <p>Funding: Mellow Project and East London and The City</p>

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	<p><i>Details on family/carer/practitioner:</i> Age range: N/A (mean = 26.8) % female: N/A % white: 22% African-Caribbean; 44% black African; 33% white British.</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: Mixed. 33% schizophrenia; 11% PTSD; 11% psychosis; 11% psychological problems; 11% psychosis + PTSD; 11% bipolar; 11% depression.</p> <p>Method of SMI assessment: Self-report (no formal diagnostic interview/use of screening tools)</p> <p>Category: Alcohol and drug</p> <p>Assessment: Self-report (no formal diagnostic interview/use of screening tools)</p> <p>Timescale for assessing comorbidity: NR</p>	<p>Data collection method: Interview (format NR)</p> <p>Data collection setting: NR</p> <p>Data analysis method: Content analysis</p> <p>Outcomes: Experience of having a dual diagnosis and experience of health and social care services.</p>		<p>Mental Health NHS</p>
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Evidence tables for RQ2.2