# National Institute for Health and Care Excellence

# Rehabilitation in adults with complex psychosis and related severe mental health conditions

## [J] The rehabilitation approaches, care, support and treatment that are valued by recipients

*NICE guideline NG181*

*Evidence review*

*August 2020*

*Final*

*This evidence review was developed by the National Guideline Alliance which is part of the Royal College of Obstetricians and Gynaecologists*

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# Rehabilitation approaches, care, support and treatment that are valued by recipients

## Review question: What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?

### Introduction

A key indicator for any intervention/service is how much it is valued by its recipients. The aim of this review is to determine the approaches, care, support and treatment that are most valued by people with complex psychosis and other severe mental health conditions, as well as by their families and carers. The committee wanted to review recipients' own accounts of what changed their lives for the better, and what improved the experience of rehabilitation.

The title of the guideline changed to "Rehabilitation for adults with complex psychosis" during development. The previous title of the guideline has been retained in the evidence reviews for consistency with the wording used in the review protocols.

### Summary of the protocol

Please see Table 1 for a summary of the population, phenomenon of interest and context characteristics of this review.

### Table 1: Summary of the protocol (PICo table)

| Population | • Adults (aged 18 years and older) with complex psychosis and other severe mental health conditions who have received inpatient or community rehabilitation services, and their families and unpaid carers. |
|---|---|
| Phenomena of interest | Themes and specific outcomes will be identified from the literature, however expected themes might include: |
| | • Psychological and social support services (note – focus is on services rather than individual interventions): psychoeducation; fostering self-care; crisis management; stress management; support groups (especially peer support groups). |
| | • Service approaches and support from staff: personalised approach to care and goal setting; being involved, listened to and having views valued; service users' and family/carers' involvement in making decisions about care; respect for diversity; building a relationship with staff; continuity of staff through rehabilitation process; opportunities to take risks (i.e. make self-management decisions and learn from own experiences); recovery orientation (i.e. culture of staff, practical involvement, alliance, optimism, giving people hope). |
| | • Physical spaces: facilities for family visits; design of physical space (spaciousness, privacy, homeliness, restrictiveness, |

| | |
|---|---|
| | oppressiveness of the environment); location including proximity to user, family and carers.<br>• Financial and employment support: information about funding and support to access accommodation; information and support to access appropriate welfare benefits; support and guidance on budget management; support and guidance on how to apply for employment; volunteering; use of advocacy services; education opportunities including vocational training; access to personal health budgets. |
| **Context** | • Countries: UK, Australasia, Europe, USA, Canada.<br>• Date: Studies conducted post 1990 |

For further details see the review protocol in appendix A

## Clinical evidence

### Included studies

A total of 21 qualitative studies were included examining the approaches, care, support and treatment valued by people with complex psychosis and related severe mental health conditions and by their families and carers.

Of the studies identified 3 were from the UK, 3 were from the Australia, 3 were from Sweden and 7 were from the USA. There was also 1 study each from Ireland, Canada, the Netherlands, Poland, and 1 pan-European study.

The included studies were published between 1999 and 2018. All except 1 of the studies explored the views and experiences of service users, while the remaining study contained views of their family members. A total of 4 studies related to service approaches, 11 related to financial and employment support (all of which were on employment only), and 6 related to other support services. No studies were identified relating to aspects of the physical space of rehabilitation as outlined in the scope.

The included studies are summarised in Table 2. See the literature search strategy in appendix B and study selection flow chart in appendix C.

### Excluded studies

Studies not included in this review with reasons for their exclusions are provided in appendix K.

### Summary of clinical studies included in the evidence review

A summary of the studies that were included in this review is presented in Table 2. See the full evidence tables in appendix D and map of the themes in Appendix E.

**Table 2:  Summary of included studies**

| Study and aim of the study | Participants | Methods | Themes |
|---|---|---|---|
| **Berry 2017**<br><br>**Country**<br>UK | **Sample size**<br>20 service users and 57 staff<br><br>**Diagnoses** | **Recruitment Details**<br>All eligible staff and service users from 10 rehabilitation wards | Being on a rehabilitation ward |

| Study and aim of the study | Participants | Methods | Themes |
|---|---|---|---|
| **Aim of the study**<br>To identify the effects of 'Team Formulation' on practice from the perspectives of staff and patient, including barriers and enhancers to implementing the intervention. | Schizophrenia: 16, Schizoaffective disorder: 2, Bipolar disorder: 2<br><br>**Characteristics**<br>Median age (range): service users = 36.20 (11.93), staff = 41.67 (11.22); Gender (M/F): service users = 13/7, staff = 19/38 | participating in an intervention trial.<br><br>**Data collection details**<br>Semi-structured interviews<br><br>**Analysis Details**<br>Thematic analysis | |
| **Boycott 2015**<br><br>**Country**<br>UK<br><br>**Aim of the study**<br>This study aimed to obtain service users' views of an IPS programme implemented in the UK during recession | **Sample size**<br>31 service users<br><br>**Diagnoses**<br>Psychosis-14, Schizophrenia-8,Bipolar disorder-4,depression-4,other-1<br><br>**Characteristics**<br>Mean age: 30.8 years; Gender: M/F: 22/9 | **Recruitment Details**<br>31 out of 43 participants of a larger study (RCT) were included<br><br>**Data collection details**<br>Semi-structured interviews<br><br>**Analysis Details**<br>Thematic analysis | The value of employment<br><br>Employment support programs |
| **Chung 2016**<br><br>**Country**<br>USA<br><br>**Aim of the study**<br>This study aimed to investigate family members' perspectives of how Clubhouse programming has affected consumers' recovery. | **Sample size**<br>24 relatives of 25 service users. Mother 9 (38%), Father 5 (21%), Sister 5 (21%), Brother 4 (17%), Aunt 1 (4%)<br><br>**Diagnoses**<br>Schizophrenia-spectrum disorder 15 (60%), Depression 5 (20%), Bipolar disorder 2 (8%), Other 3 (12%)<br><br>**Characteristics (service users)**<br>Mean age: 41.6 (SD 11.0); Gender M/F: 17/8 | **Recruitment Details**<br>Thirty-eight family members were invited to participate, and 24 agreed.<br><br>**Data collection details**<br>Interviews using a semi-structured protocol<br><br>**Analysis Details**<br>Transcripts were analyzed using a method of describing, classifying and interpreting the text with a circular process (Creswell, 2007) | Consumer oriented programs |
| **Coniglio 2012**<br><br>**Country**<br>Australia<br><br>**Aim of the study**<br>This study aimed to study the experiences of Clubhouse members regarding peer support and the outcomes they identify from engaging in this phenomenon | **Sample size**<br>10 service users<br><br>**Diagnoses**<br>Schizophrenia-spectrum disorder 4 (40%), Depression, alcohol & substance abuse 1 (10%), Bipolar disorder 4 (40%), Anxiety disorder 1 (10%)<br><br>**Characteristics**<br>Mean age: 43.8 (Range:30 to 63); Gender M/F: 4/6 | **Recruitment Details**<br>Recruitment of participants was done through advertisements in the Clubhouse newsletter, announcements at Clubhouse meetings and posters displayed throughout the Clubhouse<br><br>**Data collection details**<br>Semi-structured individual in depth interviews<br><br>**Analysis Details** | The value of employment<br><br>Employment support programs<br><br>Consumer oriented programs |

| Study and aim of the study | Participants | Methods | Themes |
|---|---|---|---|
| | | Constant comparison and open coding were used for analysis. | |
| **Cullen 2015**<br><br>**Country**<br>Ireland<br><br>**Aim of the study**<br>The aim of the current study was to explore the subjective experiences of people diagnosed with serious mental illness in relation to physical activity | **Sample size**<br>10 service users<br><br>**Diagnoses**<br>Schizophrenia & schizoaffective disorder-8, Bipolar disorder-2<br><br>**Characteristics**<br>Age range: 26-60 years; Gender: M/F: 6/4 | **Recruitment Details**<br>All ten who agreed to participate were included<br><br>**Data collection details**<br>Semi-structured interviews<br><br>**Analysis Details**<br>Thematic analysis | Physical activities |
| **Dunn 2010**<br><br>**Country**<br>USA<br><br>**Aim of the study**<br>This study aimed to investigate perspectives on employment and its relationship to their vocational recovery in people with severe mental illnesses | **Sample size**<br>23 service users<br><br>**Diagnoses**<br>Schizophrenia-spectrum disorder 16 , Major depression 2, Bipolar disorder- 5<br><br>**Characteristics**<br>Age range: 27 to 59 years; Gender: NR | **Recruitment Details**<br>Thirty nine respondents were screened and 24 were included in the study<br><br>**Data collection details**<br>Semi-structured in depth interviews<br><br>**Analysis Details**<br>Interviews were transcribed by a professional transcriptionist, checked for accuracy, coded until consensus was reached and conceptual framework was developed | Employment support programs<br><br>Consumer oriented programs |
| **Gahnstrom-Strandqvist 2003**<br><br>**Country**<br>Sweden<br><br>**Aim of the study**<br>This study aimed to explore the meanings of the lived experiences of persons with long-term mental illness at a social working cooperative | **Sample size**<br>18 service users<br><br>**Diagnoses**<br>Schizophrenia- 14 , Borderline or anxiety-phobic disorders- 4<br><br>**Characteristics**<br>Age range: 24-60 years; Gender: M/F: 8/10 | **Recruitment Details**<br>Eighteen out of nineteen contacted agreed to participate<br><br>**Data collection details**<br>Interviews and field observations<br><br>**Analysis Details**<br>Data were analyzed and interpreted using the Empirical, Phenomenological, Psychological method | The value of employment<br><br>Consumer oriented programs |
| **Huck 2018**<br><br>**Country**<br>USA<br><br>**Aim of the study**<br>This study aimed to identify strategies for encouraging greater levels of physical activity among community- | **Sample size**<br>18 service users<br><br>**Diagnoses**<br>Although, it is reported that 90% of the individuals at the ACT provider (n=147) had a primary diagnosis of schizophrenia, individual | **Recruitment Details**<br>Eighteen participants elected to participate in the study and were recruited<br><br>**Data collection details**<br>Focus group interviews using semi-structured protocol | Physical activities |

| Study and aim of the study | Participants | Methods | Themes |
|---|---|---|---|
| dwelling individuals living with serious mental illness participating in assertive community treatment | diagnosis of included subjects is not known<br><br>**Characteristics**<br>Mean age: 34.4 (SD: 12.3); Gender: M/F: 13/5 | **Analysis Details**<br>Data were analyzed by consensual qualitative research process of translating the frequency of participant comments into a standard measure of representativeness | |
| **Kennedy-Jones 2005**<br><br>**Country**<br>Australia<br><br>**Aim of the study**<br>This study aimed to explore how participants' work-related experiences and vocationally orientated activities within a Clubhouse programme supported the development or resumption of their worker-roles. | **Sample size**<br>4 service users<br><br>**Diagnoses**<br>Schizophrenia- 3; severe mood disorder- 1<br><br>**Characteristics**<br>Age range: 31 to 42 years; Gender: M/F: 2/2 (probably 2/2, as not reported in the article, but calculated based on pseudonyms) | **Recruitment Details**<br>Four participants selected through an intermediary were included in the study<br><br>**Data collection details**<br>Semi-structured in-depth interview<br><br>**Analysis Details**<br>Data were analyzed by narrative synthesis | The value of employment<br><br>Employment support programs<br><br>Consumer oriented programs |
| **Killaspy 2017**<br><br>**Country**<br>UK<br><br>**Aim of the study**<br>Identify the elements of service provision, structural and cultural, that facilitate excellence in rehabilitation services or, conversely, act as barriers. | **Sample size**<br>26 service users<br><br>**Diagnoses**<br>Schizophrenia-19; Schizoaffective disorder-1; Bipolar disorder-1, Other 2; Not reported-3<br><br>**Characteristics**<br>Mean age (SD): 35 (11); Gender (M/F): 19/7 | **Recruitment Details**<br>Participants were recruited from 12 units across eight trusts<br><br>**Data collection details**<br>Interviews<br><br>**Analysis Details**<br>Thematic analysis | Being on a rehabilitation ward |
| **Koletsi 2009**<br><br>**Country**<br>Pan-European<br><br>**Aim of the study**<br>This study aimed to study clients' views of the difficulties of obtaining and maintaining employment, experiences of the support received from their IPS or Vocational Service workers and the perceived impact of work on their lives. | **Sample size**<br>48 service users<br><br>**Diagnoses**<br>Schizophrenia-29, Bipolar disorder-16, Other 4<br><br>**Characteristics**<br>Age range: 18-57 years; Gender: M/F: 27/21 | **Recruitment Details**<br>Participants of a randomized trial<br><br>**Data collection details**<br>Semi-structured interview<br><br>**Analysis Details**<br>The qualitative material was translated into English by the interviewer, and then divided and coded separately by two researchers. The iterative process of coding and comparing was done using the digital transcripts. | The value of employment<br><br>Employment support programs |
| **Lindstrom 2013**<br><br>**Country**<br>Sweden | **Sample size**<br>16 service users<br><br>**Diagnoses** | **Recruitment Details**<br>Sixteen out of seventeen participants recruited completed the | Occupational therapy |

| Study and aim of the study | Participants | Methods | Themes |
|---|---|---|---|
| **Aim of the study** This study aim to investigate how participants made sense of their occupational transformations in the context of their everyday life and life history | Schizophrenia & other psychosis related disorder- 16 <br><br> **Characteristics** Age range: 27-66 years; Gender: M/F: 9/7 | intervention and were included in the study <br><br> **Data collection details** Interviews and field observations <br><br> **Analysis Details** Data were analyzed by narrative synthesis | |
| **Liu 2007** <br><br> **Country** Canada <br><br> **Aim of the study** This study aimed to explore participants' experiences of a supported-employment program. | **Sample size** 7 service users <br><br> **Diagnoses** Schizophrenia-7 <br><br> **Characteristics** Age range: 20-60 years; Gender: M/F: 3/4 | **Recruitment Details** Seven out of fourteen participants meeting the inclusion critria agreed to participate <br><br> **Data collection details** Interviews with open-ended and semi-structured probe questions <br><br> **Analysis Details** Open, axial and selective coding was used to analyze data. | Employment support programs |
| **Luciano 2014a** <br><br> **Country** USA <br><br> **Aim of the study** This study aimed to explore strategies for relapse prevention as described by men with co-occurring disorders who achieved one or more years of sobriety. | **Sample size** 12 service users <br><br> **Diagnoses** Schizophrenia-2,Schizoaffective disorder- 4, Bipolar disorder 4, Generalized anxiety disorder-2 <br><br> **Characteristics** Age range: 23-42 years; Gender: M/F: 12/0 | **Recruitment Details** Secondary data collected in an integrated co-occurring disorder treatment clinic via semi-structured interviews <br><br> **Data collection details** In depth interviews using semi-structured protocol <br><br> **Analysis Details** Secondary analysis of transcripts using a constructivist grounded-theory approach | Substance misuse services |
| **Luciano 2014b** <br><br> **Country** USA <br><br> **Aim of the study** This study explores the meaning and importance of career exploration and career development in the context of integrated treatment for young adults with early psychosis and substance use disorders | **Sample size** 12 service users <br><br> **Diagnoses** Schizophrenia & schizoaffective disorder-8 (67%), Bipolar disorder-3(25%),Major depressive disorder-1(8%) <br><br> **Characteristics** Age range: 18-35 years; Gender: M/F: 12/0 | **Recruitment Details** 12 out of 15 eligible candidates participated in the study <br><br> **Data collection details** Semi-structured interviews <br><br> **Analysis Details** Thematic analysis | Employment support programs |
| **Maisto 1999** <br><br> **Country** USA | **Sample size** 21 service users <br><br> **Diagnoses** | **Recruitment Details** 21 out of 57 eligible were recruited | Substance misuse services |

| Study and aim of the study | Participants | Methods | Themes |
|---|---|---|---|
| **Aim of the study**<br>The purpose of this study was to collect qualitative data as a way to help identify techniques that might help to change patterns of substance use in the SMI | Schizophrenia spectrum disorder-21<br><br>**Characteristics**<br>Age range: 28-59 years; Gender: M/F: 2/19 | **Data collection details**<br>focus ground discussions<br><br>**Analysis Details**<br>Transcripts coded to themes | |
| **Mancini 2013**<br><br>**Country**<br>USA<br><br>**Aim of the study**<br>Understand Consumer and Practitioner Perceptions of the Harm Reduction Approach in a Community Mental Health Setting | **Sample size**<br>15 service users<br><br>**Diagnoses**<br>73% (n = 11) diagnosed with a psychotic disorder. 27% (n = 4) were diagnosed with a mood disorder. All participants were diagnosed with a co-occurring alcohol or other substance use disorder.<br><br>**Characteristics**<br>Gender: M/F: 11/4; Race: African-American = 9, Age (range) 40 - 49 | **Recruitment Details**<br>Recruited at weekly house meetings and through bulletin board flyers posted throughout the housing unit. For their participation, consumers received a $10 gift certificate to the local grocery store.<br><br>**Data collection details**<br>Unspecified interviews<br><br>**Analysis Details**<br>Grounded theory methods | Substance misuse services |
| **Marshal 2010**<br><br>**Country**<br>Australia<br><br>**Aim of the study**<br>This study aimed to guide improvement of the CRM and its use in mental health services using feedback from mental health consumers | **Sample size**<br>18 service users<br><br>**Diagnoses**<br>Schizophrenia-9, Schizoaffective disorder-4, depressive psychosis-4, Bipolar disorder-1<br><br>**Characteristics**<br>Mean age: 38 (SD=12.5) years; Gender: M/F: 7/11 | **Recruitment Details**<br>Eighteen out of 242 participants (of a larger study) took part<br><br>**Data collection details**<br>In depth focus group meetings<br><br>**Analysis Details**<br>Thematic analysis | The value of a recovery orientation |
| **Panczak 2016**<br><br>**Country**<br>Poland<br><br>**Aim of the study**<br>This study aimed to explore the personal experiences of people employed in Vocational Development Centers. | **Sample size**<br>8 service users<br><br>**Diagnoses**<br>Schizophrenia-spectrum disorder 8 (100%)<br><br>**Characteristics**<br>Age range: 28-58 years; Gender: M/F: 4/4 | **Recruitment Details**<br>Eight out of sixteen interviews were included<br><br>**Data collection details**<br>Semi-structured interviews<br><br>**Analysis Details**<br>Interpretative phenomenological analysis | The value of employment<br><br>Employment support programs<br><br>Consumer oriented programs |
| **Pooremamali 2017**<br><br>**Country**<br>Sweden<br><br>**Aim of the study**<br>To investigate how mentally ill ethnic minority clients experience, feel and think about | **Sample size**<br>9 service users<br><br>**Diagnoses**<br>Seven had psychotic episodes while two had long-term depression<br><br>**Characteristics** | **Recruitment Details**<br>Staff at the four centres acted as mediators in the recruitment of participants.<br><br>**Data collection details**<br>Themed interviews<br><br>**Analysis Details** | Barriers faced by ethnic minorities |

| Study and aim of the study | Participants | Methods | Themes |
|---|---|---|---|
| participation in occupation-based rehabilitation | Age range: 30-60 years; Gender: M/F: 6/3. Immigrants from Bosnia, Turkey, Bulgaria, Iran, Iraq, and Israel. | Grounded Theory framework | |
| **Van Langen 2016**<br><br>**Country**<br>Netherlands<br><br>**Aim of the study**<br>This study aimed to describe how the Illness Management and Recovery program enhanced recovery of persons with schizophrenia and other psychotic disorders from their own perspective | **Sample size**<br>8 service users<br><br>**Diagnoses**<br>Schizophrenia & schizoaffective disorder-4, Unspecified psychosis-4<br><br>**Characteristics**<br>Age range: 24-56 years; Gender: M/F: 4/4 | **Recruitment Details**<br>Eight out of 14 eligible subjects were recruited<br><br>**Data collection details**<br>Unspecified interviews<br><br>**Analysis Details**<br>Colaizzi's data analysis method was used as described by Holloway and Wheeler (Holloway & Wheeler, 2006) and supported by the MAXQDA® computer software | The value of a recovery orientation |

*ACT: assertive community treatment; CRM: collaborative recovery model; IPS: individual placement and support; M/F: male/female; NR: not reported; RCT: randomised controlled trial; SD: standard deviation; SMI: serious mental illness*

See the full evidence tables in appendix D and the theme map in Appendix E.

## Quality assessment of clinical outcomes included in the evidence review

See the clinical evidence profiles in appendix F and quotes extracted from the qualitative studies in appendix M.

## Economic evidence

### Included studies

A systematic review of the economic literature was conducted but no economic studies were identified which were applicable to this review question.

### Excluded studies

Studies not included in this review with reasons for their exclusions are provided in appendix K.

### Summary of studies included in the economic evidence review

No economic evidence was identified for this review (and so there are no economic evidence tables).

### Economic model

No economic modelling was undertaken for this review because the committee agreed that other topics were higher priorities for economic evaluation. Furthermore, only a qualitative review was being undertaken for this question and therefore there was no effectiveness evidence available to inform economic modelling.

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## Qualitative evidence statements

### TOPIC I. Approaches to rehabilitation

### Theme 1)     The value of a recovery orientation within services

1.1 People with complex psychosis and related severe mental health conditions value a recovery-orientated service. Goal setting, practical management skills learning, and the availability of psychoeducative resources (for example on stress or medication) were the main elements that helped them feel like they were progressing towards greater stability and independence. This was based on low quality evidence from 1 Dutch study.

1.2 People with complex psychosis and related severe mental health conditions value when recovery-orientation approaches and techniques are well explained from the outset and made accessible to them. The staff should explain clearly what recovery is and how they will be supported in their recovery. Information, resources and tools used by practitioners to promote recovery should be well structured with user-friendly language. Heavy amounts of reading and terms like 'homework' should be avoided. This was based on low quality evidence from 1 Australian and 1 Dutch study.

1.3 Some people with complex psychosis and related severe mental health conditions value peers as part of the recovery oriented process. Having others that understand them and can share their experiences and stories was helpful, and made them feel less isolated. This was based on low quality evidence from 1 Dutch study.

1.4 People with complex psychosis and related severe mental health conditions value a recovery-oriented service that recognises that sometimes their recovery process may be disrupted by fluctuations in their illness. This was based on low quality evidence from 1 Australian study.

1.5 Some people with complex psychosis and related severe mental health conditions expressed the importance and value of a recovery-oriented service where all staff were on board. If parts of the team weren't well trained or supported to implement a recovery orientation then the process could slip. This was based on low quality evidence from 1 Australian study.

### Theme 2)     Being on a rehabilitation ward

2.1 People with complex psychosis and related severe mental health conditions expressed that they were glad to move to a rehabilitative ward from an acute ward. They experienced a lot more freedom and opportunity to try new activities and to do things for themselves. This was based on low quality evidence from 1 study from the UK.

2.2 Some people with complex psychosis and related severe mental health conditions expressed that they valued having a range of activities available at their rehabilitation unit, and being prompted a little to utilise them. However, some also emphasised the importance that they shouldn't feel pushed to do activities. They reported that the

types of activities that they wanted to engage in change over time with their recovery. This was based on very low quality evidence from 1 study from the UK.

2.3 Regular psychological formulation sessions for frontline staff encourage more open and encouraging interactions, improving the experiences of service users. Sessions should facilitate staff to evaluate and discuss service users' difficulties collaboratively and form recovery oriented plans. This was based on low quality evidence from 1 study from the UK.

## TOPIC II. Financial and employment services

### Theme 3)   The value of employment

3.1 People with complex psychosis and related severe mental health conditions value having employment because it brings structure and meaning to their day. This was based on high quality evidence from 4 studies from Sweden, Australia, Poland and the UK.

3.2 People with complex psychosis and related severe mental health conditions value having employment because it gives them a new identity as someone that has competence, purpose and something to contribute. This was based on high quality evidence from 4 studies of which 1 was Swedish, 2 were Australian, and 1 was pan-European.

3.3 People with complex psychosis and related severe mental health conditions value having employment because of the financial gratification. They also appreciate the chance to develop money management skills. This was based on low quality evidence from 1 Polish study.

### Theme 4)   Employment support programs (for example Individual Placement Support or vocational support)

4.1 People with complex psychosis and related severe mental health conditions value the practical resources that employment support programs can offer them. This includes access to computers and information resources, connections with employers, insight about suitable opportunities, and support to prepare and distribute CVs and attend interviews. This was based on low quality evidence from 2 studies, 1 from the UK and 1 from Canada.

4.2 People with complex psychosis and related severe mental health conditions value receiving individualised support and encouragement. They were glad to have someone take an interest in them, treat them as capable and gently push them. This was based on high quality evidence from 4 studies, 1 from Australia, 1 from Canada, 1 from the UK, and 1 pan-European.

4.3 People with complex psychosis and related severe mental health conditions value having mental health professionals such as case workers that are prepared to advocate for them. This was based on low quality evidence from 2 studies, 1 from the USA and 1 pan-European.

4.4 People with complex psychosis and related severe mental health conditions value having their skills and interests taken into account where possible when looking for employment. This was based on low quality evidence from 2 studies, 1 from Canada and 1 pan-European.

4.5 People with complex psychosis and related severe mental health conditions value having a support worker offer to support them when talking with employers and management, although in other cases they may prefer not to disclose that they have a condition requiring support. This was based on low quality evidence from 2 studies, from Canada and USA.

4.6 In an employment program people with complex psychosis and related severe mental health conditions value seeing and meeting others in a similar situation to them to share skills, experiences and support each other. This was based on moderate quality evidence from 3 studies, from Australia, Canada and Poland.

**Theme 5)      Consumer oriented programmes (for example clubhouse model, vocational development centres, social working cooperatives)**

5.1 People with complex psychosis and related severe mental health conditions value joining a consumer-oriented employment program to gain experience and confidence in preparation for open employment when they are ready. This was based on low quality evidence from 2 studies, from USA and Sweden.

5.2 People with complex psychosis and related severe mental health conditions value being employed in a consumer-oriented program as they feel their problems are understood and the program offers flexibility to respond to any fluctuations in their mental health. This was based on high quality evidence from 5 studies, from Sweden, USA, Poland, and 2 from Australia.

5.3 People with complex psychosis and related severe mental health conditions value the strong sense of community and belonging that comes with being employed within a consumer-oriented program. This was based on low quality evidence from 2 studies, from Australia and Sweden.

5.4 People with complex psychosis and related severe mental health conditions value the abundance of additional social activities that come along with membership in a clubhouse style program. This was based on high quality evidence from 4 studies, from Poland, Sweden, and 2 from Australia

5.5 People with complex psychosis and related severe mental health conditions sometimes experience difficulties within a consumer-oriented program. These mainly involve conflict resolution issues with co-workers, or else becoming too involved with other people's mental health problems in addition to their own. This was based on low quality evidence from 2 studies, from Poland and Australia.

5.6 Families of people with complex psychosis and related severe mental health conditions value the positive changes that clubhouse membership brings to their loved-ones. These changes include a happier outlook on life, more motivation to look after themselves, being more socially engaged, and demonstrating fewer symptoms and problematic behaviours. They also noted their loved one's increased autonomy and growing interest in new hobbies and activities, or employment and education. This was based on very low quality evidence from 1 study from the USA.

### Theme 6) Barriers faced by ethnic minorities when seeking employment

6.1 People from black and minority ethnic groups with complex psychosis and related severe mental health conditions value an employment service that addresses both types of stigma that they face. For example, in relation to language and communication needs, plus understanding and meeting cultural norms and expectations. They feel under-represented and they want services to recognise that they face an intersection of types of stigma in society. This was based on very low quality evidence from 1 Swedish study.

## TOPIC III. Other support services

### Theme 7) Occupational therapy

7.1 People with complex psychosis and related severe mental health conditions value occupational therapy because it helps them to gain confidence and help themselves through gentle prompts and practical advice. They report greater confidence, hope and other psychological benefits from being able to achieve specific goals, as well as a reinstatement of their 'old selves' before illness, and a sense of re-joining the 'outside world' instead of remaining isolated or dependent. This was based on low quality evidence from 1 Swedish study.

### Theme 8) Physical activities

8.1 People with complex psychosis and related severe mental health conditions value that Assertive Community Treatment programs promote and support them to engage in physical activity. They appreciate receiving information on the value of physical activity to their recovery and health in general and practical help (such as transport) to access physical activities. This was based on very low quality evidence from 1 study, from the USA.

8.2 People with complex psychosis and related severe mental health conditions value physical activity. They feel that it is good for both their physical and mental health, and provides a distraction from their mental health problems. It also helps them to socialise and find support and acceptance within a group. This was based on low quality evidence from 2 studies, from USA and Ireland.

### Theme 9) Substance misuse services

9.1 People with a dual diagnosis value the support they get from having an individual therapist. They appreciate the therapist pushing and prompting them, and the therapeutic relationship they build with their therapist helps to motivate them as they don't want to let them down. Having a therapist available to call by telephone was also helpful. This was based on very low quality evidence from 1 study, from the USA.

9.2 People with a dual diagnosis value that group therapies or twelve-step programs give them structure, goals and a place to be. They especially value that they provide peers that make them feel less alone. This was based on low quality evidence from 2 studies, both from the USA.

9.3 People with a dual diagnosis value that twelve-step programs include an emphasis on a higher power. They value how the program recognises their accomplishments, for example with a medallion for sobriety. This was based on very low quality evidence from 1 study, from the USA.

9.4 People with a dual diagnosis value that rehabilitation programs for substance misuse take them away from their usual social context as this reduces the availability and temptation to use substances. This was based on very low quality evidence from 1 study, from the USA.

9.5 People with a dual diagnosis value the psychoeducational components (information and insights) present in all types of therapy. This was based on very low quality evidence from 1 study, from the USA.

9.6 People with a dual diagnosis value an approach to treatment where support is unconditional (harm reduction). People often avoided programs that have a requirement to be clean/sober in order to receive support as they felt that if they did become clean/sober this wasn't out of choice/self-determination and was less likely to succeed. Unconditional support meant they could be as safe as possible until they were able to choose to address the substance abuse. Support needed to be persistent with an emphasis on education and practical guidance to stop – without this it could send the wrong message that services don't care about substance misuse occurrence at all. This was based on low quality evidence from 1 study, from the USA.

## The committee's discussion of the evidence

### Interpreting the evidence

#### *The outcomes that matter most*

As this was a qualitative review the committee identified a number of approaches, care, support and treatments that they thought were likely to be valued by service users and included them in the scope. These included psychological and social support, service approaches and support from staff, physical spaces available for rehabilitation, and financial and employment support. However, the themes that were extracted from the research were not limited to these.

The themes that emerged from the review included most of these aspects of care within the primary themes of recovery orientation, employment and employment support, consumer programmes, occupational therapy, rehabilitation wards, physical activity and substance misuse. Within this was some evidence on what families and carers value.

After considering the evidence, the committee thought that 3 themes emerged as the things most valued by service users – recovery orientation, social inclusion, and gaining meaning and structure to their day. Recovery orientation appeared explicitly in only low quality evidence, it was the committee's experience and opinion that recovery orientation is a central value that underlies all rehabilitation work. The two other themes could be found in the strong evidence related to what was valued about vocational support services. All three of these themes also appeared as a sub themes throughout the weaker evidence supporting other areas like dual diagnosis services, physical activities, and what was valued about occupational therapy and recovery-orientated services.

Other outcomes identified as important by the committee were personalisation, belonging, flexibility and choice. Personalisation included being asked about their preferences and having consistent members of staff who knew them personally, were invested in their progress and could advocate for them. Choice and flexibility meant having a range of options, and being able to opt out or change their mind as their situations progressed or changed.

The thematic map (see appendix E) was presented to the committee summarising the themes and also any interactions between them, although there were no interactions in this case.

### The quality of the evidence

The evidence was assessed by GRADE CERQual methodology and ranged from very low to high quality. The committee primarily made recommendations based on the areas of high quality evidence, but noted that many of these findings were complementary to the findings in the more weakly supported areas.

The evidence was mostly downgraded because there were only 1 or 2 studies backing the statements. However low quality evidence was not automatically discounted if the committee felt the topic was important and they had experience to accompany it. For example the evidence recommending a recovery-oriented service was rated as low quality due to low saturation, however the committee felt strongly from experience, and from the findings identified in the other quantitative reviews, and from current policy and practice direction that this was an approach they should advocate strongly.

Only 1 included study asked relatives/carers about the support they valued, and so their views are not highly represented in the recommendations that were made. However, the one study identified gave support to the other evidence regarding the benefits of a clubhouse and how it brings structure and meaning, and a social network, to the lives of their loved ones.

### Benefits and harms

This review aimed to identify what service users and their carers/relatives value so that these views could be included in the future design and delivery of rehabilitation services, making their design more acceptable, and removing factors that might discourage service users from utilising them. The first theme valued by service users and discussed by the committee was having a recovery-orientation – a service that asks about and emphasises service users' goals and aspirations and follows up with plans for how to get them there. Recovery orientation should be well-explained to service users and services should ensure all staff are on-board. This approach should persist even when there are setbacks. The committee used these convictions as they made recommendations about the values and overarching principles that should be present in all service design and rehabilitation work. It was also prioritised when the committee made recommendations about staff training. The committee considered collaboration and personalisation to be intrinsic to a recovery orientation and so these principles were also considered during the recommendations on collaborative care planning (see Evidence report I).

Service-users also valued gaining meaning and structure to their day and this was mainly identified within the evidence theme on employment. Having a 'place to be' (such as a vocational occupation or a group meeting) meant service-users had a reason to do daily self-care tasks like getting dressed and washed. Within this structure they could develop themselves over time and build up their confidence and sense of worth. A sense of purpose in their day was not just about what the activity meant to themselves, but was also something

they could talk about with pride to their relatives, friends and neighbours, and made them feel meaning and value because others were counting on them. Not all service users will be ready or able to obtain and keep competitive employment, and so consumer oriented programs were also valued. The clubhouse model was an example of a transitional employment scheme mentioned in several papers. Transitional employment schemes aim to give people a supported occupation in which to gain pre-vocational work experiences and potentially prepare for mainstream employment. The 'clubhouse' model, developed at Fountain House in New York, aims to provide low-pressure, meaningful and accessible occupational and social opportunities for people with mental illness who may otherwise struggle going in to competitive work environments directly..

Service users also valued the chance to meet and interact with others – particularly those with similar experiences to them. This evidence came from the employment theme plus the themes on consumer oriented programmes. As well as identifying consumer oriented programs as a helpful step into open employment they were also a place to develop a sense of community and belonging and provide valuable social activities and interactions. Interpersonal connection is a universal human need yet service users often face isolation and social exclusion. Being able to re-join society was highlighted as essential to rehabilitation by the committee. Meeting people with similar experiences was especially useful because it normalised their experiences, helped them learn from others' coping skills, and made them feel less likely to be stigmatised or rejected. The committee used the research on employment and social integration in combination with evidence from the relevant review to make recommendations about engagement in community activities (see Evidence report M).

Additionally, service users valued occupational therapy which made them feel they could learn to help themselves more, connect with and re-join the outside world. Also they valued being on a rehabilitation ward where they were encouraged to try new activities and had more freedom than in an acute ward.

Evidence suggested that service users from ethnic minorities would appreciate support and services that are more suitable for them and aware of the specific needs and barriers they face. The same evidence was also identified in Evidence Report B (barriers to rehabilitation access) and the committee agreed it this was likely to be applicable across services, not only in employment services. Resultantly this theme is discussed more in Evidence Report B and a recommendation was made which applied to all rehabilitation services on principle rather than to employment only.

There was also evidence that service-users valued physical activity and substance misuse services, and this evidence was used to support the recommendations made from the reviews that focus specifically on these topics (see Evidence report N & O).

Finally, there was evidence that families valued the involvement of their loved ones in activities such as clubhouse membership, and the added structure this brings to people's lives.

Although there are exceptions, the committee considered that people should generally be considered the experts on what is best for themselves. The benefit of evidence assessing what people value is that it may guide the development of services that produce more effective outcomes. However without other less subjective assessments there is a risk that services are developed which service users like but which do not produce other meaningful improvements in rehabilitation outcomes. For this reason the committee were careful to consider the findings of this review alongside the quantitative evidence from the other review questions when creating the final recommendations.

One identified potential harm was identified relating to peer interaction, where individuals with different symptoms could interact badly, which may in turn lead to detrimental conflicts. There was also some evidence that programmes such as clubhouses lead to a blurring of personal and work relationships, and that these are sometimes best separated. It was also suggested that service users in a difficult mental state might put themselves under strain, out of a desire to help another struggling peer. However it should be noted that reasonable risk and harm are a part of everyday life, and eliminating these risks too much leads practice to become patronising and disempowering.

## Cost effectiveness and resource use

A systematic review of the economic literature was conducted but no relevant studies were identified which were applicable to this review question.

The implementation of recovery orientation within all rehabilitation services is part of their ethos. This should not involve significant additional costs to implement. Staff training in recovery orientation is already common place but may require additional focus depending on the service's current approach and staffing.

The committee was mindful that developing new vocational programs and employment services from scratch could entail extra costs for trusts where such programmes are not currently offered. However, the committee agreed that many services, or components of employment support services, may already be in place within wider 'day care' services. It should be noted that the evidence in this review looked at which approaches were valued by people with complex psychosis, rather than the effectiveness of specific interventions. Where meaningful employment support programmes facilitate rehabilitation, there could be overall cost savings. These cost savings could occur if a service user is able to be accommodated in more independent living or would be less likely to have to experience a relapse of psychosis that would require a readmission to hospital.

## Other factors the committee took into account

In mainstream society people most often find structure and meaning in their day (and much of their social interaction) through their vocation, but many others find it in education or caring for others, for example children or other relatives. When discussing the concept of a meaningful occupation the committee wanted to establish that competitive employment was not the only avenue that should be promoted. Volunteering positions, mentoring, caring, training and undergoing therapeutic processes should equally be considered as meaningful occupations; and may be the most appropriate aspiration depending on the person's individual interests, capabilities and symptoms.

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# Appendices

## Appendix A – Review protocol

**Review protocol for review question: 4.2 What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?**

**Table 3: Rehabilitation approaches, care, support and treatment are valued by people and their families and carers**

| Field (based on PRISMA-P | Content |
|---|---|
| Review question | 4.2 What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers? |
| Type of review question | Qualitative systematic review |
| Objective of the review | To determine the approaches, care, support and treatment that are most valued by people with complex psychosis and other severe mental health conditions, as well as by their families and carers, when asked to report on their experiences.<br>- What did they feel worked to improve their lives?<br>- What was more palatable or less unpalatable?<br>- What factors could make this better or worse? |
| Eligibility criteria – population & disease | Adults (aged 18 years and older) with complex psychosis and other severe mental health conditions who have received inpatient or community rehabilitation services, and their families and unpaid carers.<br><br>Studies will be included if more than 66% of those studied were from these populations. |
| Eligibility criteria – intervention | Not applicable |
| Eligibility criteria – comparator | Not applicable |
| Outcomes and prioritisation | Themes and specific outcomes will be identified from the literature, but expected themes are:<br>• Psychological and social support (note – focus is on services rather than individual interventions):<br>  o Psychoeducation for service users, family and carers |

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| Field (based on PRISMA-P | Content |
|---|---|
| | <ul><li>○ Fostering self-care (e.g. manage own medication)</li><li>○ Crisis management</li><li>○ Stress management</li><li>○ Support groups – especially peer support groups.</li><li>● Service approaches and support from staff:</li><li>○ Personalised approach to care and goal setting</li><li>○ Being involved, listened to and having views valued</li><li>○ Service users' and family/carers' involvement in making decisions about care.</li><li>○ Respect for diversity</li><li>○ Building a relationship with staff, and continuity of staff through rehabilitation process</li><li>○ Opportunities to take risks – make self-management decisions, learn from own experiences.</li><li>○ Recovery orientation – culture of staff, practical involvement, alliance, optimism, whether people felt they had been given hope.</li><li>● Physical spaces:</li><li>○ Facilities for family visits</li><li>○ Design of physical space – spaciousness, privacy, homeliness, restrictiveness, oppressiveness of the environment</li><li>○ Location including proximity to user, family and carers</li><li>● Financial and employment support</li><li>○ Information about funding and support to access accommodation</li><li>○ Information and support to access appropriate welfare benefits</li><li>○ Support and guidance on budget management</li><li>○ Support and guidance on how to apply for employment</li><li>○ Volunteering</li><li>○ Use of advocacy services</li><li>○ Education opportunities including vocational training</li><li>○ Access to personal health budget</li></ul> |

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| Field (based on PRISMA-P | Content |
|---|---|
| Eligibility criteria – study design | Qualitative studies: semi-structured and structured interviews, focus groups investigating experiences, needs, opinions and preferences on rehabilitation services, approaches, care, and support.<br><br>Qualitative components of effectiveness and mixed methods studies will be included. |
| Other inclusion exclusion criteria | Other inclusion criteria:<br><br>• Studies conducted post 1990 only. Studies before 1990 were included in the electronic search but then excluded during the manual sifting phase.<br>The date limit for studies after 1990 is suggested considering the change in provision of mental health services from institutionalized care in the 1970s to deinstitutionalise and community based care from 1990s onwards.<br>• English language papers only<br>• Country limit: UK, USA, Australasia, Europe, Canada. The committee limited to these countries because they have similar cultures to the UK, given the importance of the cultural setting in which mental health rehabilitation takes place.<br>Note for GRADE CERQual scoring: Findings that have only been observed in one or two non-UK countries may be culturally specific to that context and so will be downgraded. If a finding is replicated in 3 or more non-UK countries, it will be considered that there is a reasonable chance it's applicable in the UK context also and so will not be downgraded.<br>• Complete peer reviewed papers only – abstracts, conferences papers and dissertations excluded.<br>• Minimum sample size of 4. This was specified to exclude case-study reports, which were considered lower quality because they don't seek to fill out and saturate their themes. |
| Proposed sensitivity/sub-group analysis, or meta-regression | Separate analyses will be conducted based on the following sub-groups:<br>- Carer vs service users<br>- Type of rehabilitation received |
| Selection process – duplicate screening/selection/analysis | Sifting, data extraction, appraisal of methodological quality and GRADE-CERQual assessment will be performed by the systematic reviewer. A random sample of the references identified in the search will be sifted by a second reviewer. This sample size of this pilot round will be 10% of the total (with a minimum of 100 studies). All disagreements in study inclusion will be discussed and resolved between the two reviewers. The senior systematic reviewer or guideline lead will be involved if discrepancies cannot be resolved between the two reviewers. |

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| Field (based on PRISMA-P | Content |
|---|---|
| Data management (software) | NGA STAR software will be used for generating bibliographies and citations, study sifting, data extraction and recording quality assessment of studies. A GRADE-CERQual Microsoft Excel template will be used to record the overall quality of findings from the qualitative evidence; a Microsoft Excel template will also be used to organise data into themes |
| Information sources – databases and dates | Sources to be searched: Embase, Medline, PsycINFO, Cochrane library (CDSR and CENTRAL), DARE and HTA (via CRD)<br>Limits (e.g. date, study design):<br>Human studies/English language |
| Identify if an update | This review question is not an update |
| Author contacts | For details please see https://www.nice.org.uk/guidance/indevelopment/gid-ng10092 |
| Highlight if amendment to previous protocol | For details please see section 4.5 of Developing NICE guidelines: the manual 2014 |
| Search strategy – for one database | For details please see appendix B |
| Data collection process – forms/duplicate | A standardised evidence table format will be used, and published as appendix D (clinical evidence tables) or H (economic evidence tables) |
| Data collection process – forms/duplicate | A standardised evidence table format will be used, and published as appendix G (evidence tables) or H (economic evidence tables) of the guideline. |
| Data items – define all variables to be collected | For details please see evidence tables in appendix G (evidence tables) or H (economic evidence tables) of the guideline. |
| Methods for assessing bias at outcome/study level | Standard study checklists were used to critically appraise individual studies. For details please see section 6.2 of Developing NICE guidelines: the manual 2014<br>Surveys would be assessed using the quality checklist for questionnaire surveys (CEBM checklist) listed as the preferred checklist in appendix H of the NICE guideline Manual (2018).<br>The confidence in the evidence extracted from the included studies will be evaluated for each theme using GRADE CERQual approach: https://www.cerqual.org/ |
| Criteria for quantitative synthesis (where suitable) | For details please see section 6.4 of Developing NICE guidelines: the manual 2014 |
| Methods for analysis – combining studies and exploring (in)consistency | For details please see the methods chapter of the guideline |

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| Field (based on **PRISMA-P** | Content |
|---|---|
| Meta-bias assessment – publication bias, selective reporting bias | For details please see section 6.2 of Developing NICE guidelines: the manual 2014 |
| Assessment of confidence in cumulative evidence | For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual 2014 |
| Rationale/context – Current management | For details please see the introduction to the evidence review in the guideline. |
| Describe contributions of authors and guarantor | A multidisciplinary committee [add link to history page of the guideline] developed the evidence review. The committee was convened by the NGA and chaired by Gillian Baird in line with section 3 of Developing NICE guidelines: the manual. |
| | Staff from the NGA undertook systematic literature searches, appraised the evidence, conducted meta-analysis and cost-effectiveness analysis where appropriate, and drafted the evidence review in collaboration with the committee. For details please see Developing NICE guidelines: the manual. |
| Sources of funding/support | The National Guideline Alliance is funded by NICE and hosted by The Royal College of Obstetricians and Gynaecologists |
| Name of sponsor | The National Guideline Alliance is funded by NICE and hosted by The Royal College of Obstetricians and Gynaecologists |
| Roles of sponsor | NICE funds The National Guideline Alliance to develop guidelines for those working in the NHS, public health, and social care in England |
| PROSPERO registration number | Not registered in PROSPERO |

*CERQual: Confidence in the Evidence from Reviews of Qualitative Research; GRADE: Grading of Recommendations Assessment, Development and Evaluation; MCA: Mental Capacity Act; NGA: National Guideline Alliance; NICE: National Institute for Health and Care Excellence; NHS: National Health Service; RCOG: Royal College of Obstetricians and Gynaecologists; UK: United Kingdom; USA: United States of America*

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## Appendix B – Literature search strategies

**Literature search strategies for review question: What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?**

### Databases: Embase/Medline/PsycINFO

Date of search: 02/10/2018

| # | Searches |
|---|---|
| 1 | exp psychosis/ use emczd |
| 2 | Psychotic disorders/ use ppez |
| 3 | exp psychosis/ use psyh |
| 4 | (psychos?s or psychotic).tw. |
| 5 | exp schizophrenia/ use emczd |
| 6 | exp schizophrenia/ or exp "schizophrenia spectrum and other psychotic disorders"/ use ppez |
| 7 | (exp schizophrenia/ or "fragmentation (schizophrenia)"/) use psyh |
| 8 | schizoaffective psychosis/ use emczd |
| 9 | schizoaffective disorder/ use psyh |
| 10 | (schizophren* or schizoaffective*).tw. |
| 11 | exp bipolar disorder/ use emczd |
| 12 | exp "Bipolar and Related Disorders"/ use ppez |
| 13 | exp bipolar disorder/ use psyh |
| 14 | ((bipolar or bipolar type) adj2 (disorder* or disease or spectrum)).tw. |
| 15 | Depressive psychosis/ use emczd |
| 16 | Delusional disorder/ use emczd |
| 17 | delusions/ use psyh |
| 18 | (delusion* adj3 (disorder* or disease)).tw. |
| 19 | mental disease/ use emczd |
| 20 | mental disorders/ use ppez |
| 21 | mental disorders/ use psyh |
| 22 | (psychiatric adj2 (illness* or disease* or disorder* or disabilit* or problem*)).tw. |
| 23 | ((severe or serious) adj3 (mental adj2 (illness* or disease* or disorder* or disabilit* or problem*))).tw. |
| 24 | (complex adj2 (mental adj2 (illness* or disease* or disorder* or disabilit* or problem*))).tw. |
| 25 | or/1-24 |
| 26 | (Rehabilitation/ or cognitive rehabilitation/ or community based rehabilitation/ or psychosocial rehabilitation/ or rehabilitation care/ or rehabilitation center/) use emczd |
| 27 | (exp rehabilitation/ or exp rehabilitation centers/) use ppez |
| 28 | (Rehabilitation/ or cognitive rehabilitation/ or neuropsychological rehabilitation/ or psychosocial rehabilitation/ or independent living programs/ or rehabilitation centers/ or rehabilitation counselling/) use psyh |
| 29 | residential care/ use emczd |
| 30 | (residential facilities/ or assisted living facilities/ or halfway houses/) use ppez |
| 31 | (residential care institutions/ or halfway houses/ or assisted living/) use psyh |
| 32 | (resident* adj (care or centre or center)).tw. |
| 33 | (halfway house* or assist* living).tw. |
| 34 | ((inpatient or in-patient or long-stay) adj3 (psychiatric or mental health)).tw. |
| 35 | (Support* adj (hous* or accommodat* or living)).tw. |
| 36 | (rehabilitation or rehabilitative or rehabilitate).tw. |
| 37 | rehabilitation.fs. |

| # | Searches |
|---|----------|
| 38 | or/26-37 |
| 39 | exp Interview/ use emczd |
| 40 | interview/ use ppez |
| 41 | interviews/ use psyh |
| 42 | (interview* adj3 (in-depth or indepth or semistructured or semi structured or unstructured or un structured)).tw. |
| 43 | (interview* and (attitude* or choice* or dissatisf* or expectation* or experienc* or inform* or opinion* or perceive* or perception* or perspective* or preferen* or priorit* or satisf* or view*)).tw. |
| 44 | open ended questionnaire/ use emczd |
| 45 | ((open end* or openend*) adj3 questionnaire*).tw. |
| 46 | qualitative research/ |
| 47 | qualitative*.tw. |
| 48 | (ethno* or fieldwork or field work or focus group* or grounded theory or key informant or theoretical sampl*).tw. |
| 49 | thematic analysis/ use emczd |
| 50 | (thematic* adj3 analys*).tw. |
| 51 | (parental attitude/ or patient satisfaction/ or patient preference/ or personal experience/) use emczd |
| 52 | (exp parental attitudes/ or exp client attitudes/) use psyh |
| 53 | exp patient satisfaction/ use ppez |
| 54 | ((carer* or caregiver* or care giver* or famil* or father* or mother* or brother or sister or parent* or patient* or participant* or service user) adj2 (dissatisf* or experienc* or opinion* or perceive* or perspective* or preferenc* or satisf* or views)).tw. |
| 55 | shared decision making/ use emczd |
| 56 | ((share* or collaborat*) adj3 decision).tw. |
| 57 | ((access* or aversion or barrier* or facilitat* or hinder* or obstacle* or obstruct*) adj2 (intervention* or pathway* or program* or rehab* or service* or therap* or treat*)).ti,ab. |
| 58 | or/39-57 |
| 59 | 25 and 38 and 58 |
| 60 | limit 59 to (yr="1970 - current" and english language) |
| 61 | animals/ not humans/ use ppez |
| 62 | animal/ not human/ use emczd |
| 63 | nonhuman/ use emczd |
| 64 | "primates (nonhuman)"/ |
| 65 | exp Animals, Laboratory/ use ppez |
| 66 | exp Animal Experimentation/ use ppez |
| 67 | exp Animal Experiment/ use emczd |
| 68 | exp Experimental Animal/ use emczd |
| 69 | animal research/ use psyh |
| 70 | exp Models, Animal/ use ppez |
| 71 | animal model/ use emczd |
| 72 | animal models/ use psyh |
| 73 | exp Rodentia/ use ppez |
| 74 | exp Rodent/ use emczd |
| 75 | rodents/ use psyh |
| 76 | (rat or rats or mouse or mice).ti. |
| 77 | or/61-76 |
| 78 | 60 not 77 |
| 79 | limit 78 to yr=1970-2005 |
| 80 | limit 78 to yr=2006-2015 |
| 81 | limit 78 to yr=2016 - current |
| 82 | remove duplicates from 79 |
| 83 | remove duplicates from 80 |

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| # | Searches |
|---|---|
| 84 | remove duplicates from 81 |
| 85 | 82 or 83 or 84 |

## Database: Cochrane Library

Date of search: 02/10/2018

| # | Searches |
|---|---|
| 1 | MeSH descriptor: [Psychotic Disorders] explode all trees |
| 2 | (psychos?s or psychotic):ti,ab,kw |
| 3 | MeSH descriptor: [Schizophrenia] explode all trees |
| 4 | (schizophren* or schizoaffective*):ti,ab,kw |
| 5 | MeSH descriptor: [Bipolar Disorder] explode all trees |
| 6 | (((bipolar or bipolar type) near/2 (disorder* or disease or spectrum))):ti,ab,kw |
| 7 | MeSH descriptor: [Delusions] this term only |
| 8 | ((delusion* near/3 (disorder* or disease))):ti,ab,kw |
| 9 | MeSH descriptor: [Mental Disorders] this term only |
| 10 | ((psychiatric near/2 (illness* or disease* or disorder* or disabilit* or problem*))):ti,ab,kw |
| 11 | (((severe or serious) near/3 (mental adj2 (illness* or disease* or disorder* or disabilit* or problem*)))):ti,ab,kw |
| 12 | ((complex near/2 (mental adj2 (illness* or disease* or disorder* or disabilit* or problem*)))):ti,ab,kw |
| 13 | (#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12) |
| 14 | MeSH descriptor: [Rehabilitation] this term only |
| 15 | MeSH descriptor: [Rehabilitation, Vocational] this term only |
| 16 | MeSH descriptor: [Residential Facilities] this term only |
| 17 | MeSH descriptor: [Assisted Living Facilities] this term only |
| 18 | MeSH descriptor: [Halfway Houses] this term only |
| 19 | ((resident* near (care or centre or center))):ti,ab,kw |
| 20 | (((inpatient or in-patient or long-stay) near/3 (psychiatric or mental health))):ti,ab,kw |
| 21 | (((Support*) near (hous* or accommodat* or living))):ti,ab,kw |
| 22 | ((halfway house* or assist* living)):ti,ab,kw |
| 23 | (rehabilitation or rehabilitative or rehabilitate):ti,ab,kw |
| 24 | (#14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23) |
| 25 | MeSH descriptor: [Interviews as Topic] explode all trees |
| 26 | (interview* near/3 (in-depth or indepth or semistructured or semi structured or unstructured or un structured)):ti,ab,kw |
| 27 | (interview* and (attitude* or choice* or dissatisf* or expectation* or experienc* or inform* or opinion* or perceive* or perception* or perspective* or preferen* or priorit* or satisf* or view*)):ti,ab,kw |
| 28 | ((open end* or openend*) near/3 questionnaire*):ti,ab,kw |
| 29 | MeSH descriptor: [Qualitative Research] explode all trees |
| 30 | qualitative*:ti,ab,kw |
| 31 | (ethno* or fieldwork or field work or focus group* or grounded theory or key informant or theoretical sampl*):ti,ab,kw |
| 32 | (thematic* near/3 analys*):ti,ab,kw |
| 33 | MeSH descriptor: [Patient Satisfaction] explode all trees |
| 34 | ((carer* or caregiver* or care giver* or famil* or father* or mother* or brother or sister or parent* or patient* or participant* or service user) near/2 (dissatisf* or experienc* or opinion* or perceive* or perspective* or preferenc* or satisf* or views)):ti,ab,kw |
| 35 | ((share* or collaborat*) near/3 decision):ti,ab,kw |

| # | Searches |
|---|----------|
| 36 | ((access* or aversion or barrier* or facilitat* or hinder* or obstacle* or obstruct*) near/2 (intervention* or pathway* or program* or rehab* or service* or therap* or treat*)):ti,ab,kw |
| 37 | (#25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36) |
| 38 | (#13 AND #24 AND #37) with Cochrane Library publication date between Jan 1970 and Nov 2018 |

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# Appendix C – Qualitative evidence study selection

**Qualitative study selection for: 4.2 What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?**

**Figure 1: Flow diagram of qualitative article selection for Question 4.2  What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?**

```
                    ┌─────────────────────────┐
                    │  Titles and abstracts   │
                    │  identified, N= 5628    │
                    └───────────┬─────────────┘
              ┌─────────────────┴─────────────────┐
              ▼                                    ▼
   ┌──────────────────────┐          ┌──────────────────────────┐
   │  Full copies         │          │  Excluded, N=5283        │
   │  retrieved and       │          │  (not relevant population,│
   │  assessed for        │          │  design, intervention,   │
   │  eligibility, N= 345 │          │  comparison, outcomes,   │
   └──────────┬───────────┘          │  unable to retrieve)     │
        ┌─────┴─────┐                └──────────────────────────┘
        ▼           ▼
┌──────────────┐ ┌──────────────────┐
│ Publications │ │ Publications      │
│ included     │ │ excluded from     │
│ in review,   │ │ review, N= 324    │
│ N= 21        │ │ (refer to excluded│
│              │ │ studies list)     │
└──────────────┘ └──────────────────┘
```
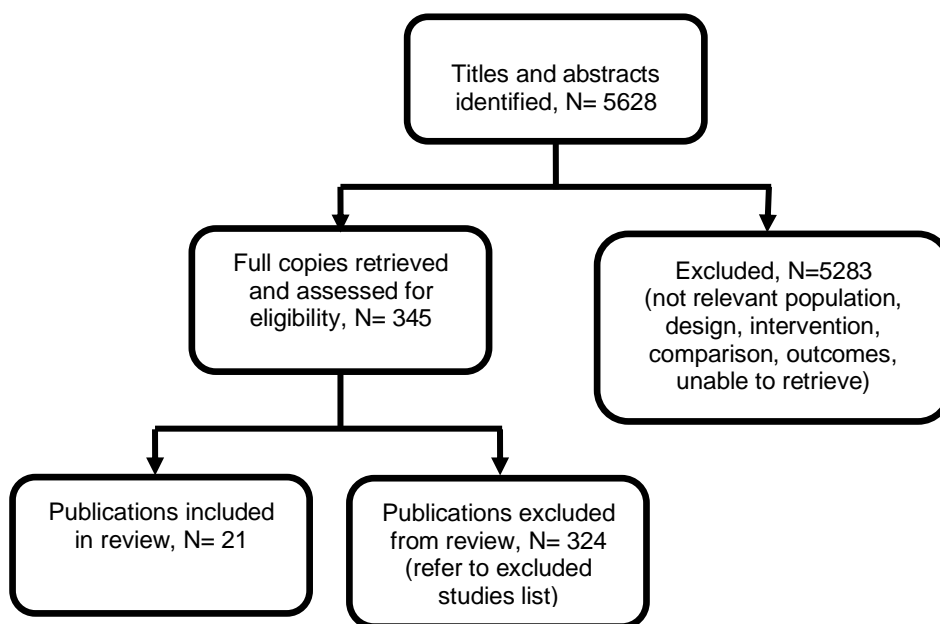
# Appendix D – Clinical evidence tables

**Clinical evidence tables for: 4.2 What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?**

**Table 4: Clinical evidence tables**

| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| **Full citation**<br>Berry, K., Haddock, G., Kellett, S., Awenat, Y., Szpak, K., Barrowclough, C., Understanding Outcomes in a Randomized Controlled Trial of a Ward-based Intervention on Psychiatric Inpatient Wards: A Qualitative Analysis of Staff and Patient Experiences, Journal of clinical psychology, 73, 1211-1225, 2017<br><br>**Ref Id**<br>906026<br><br>**Country where the study was carried out**<br>UK<br><br>**Study type**<br>Semi-structured interviews<br><br>**Aim of the study**<br>To identify the effects of 'team formulation' on practice from the perspectives of staff and | **Sample size**<br>20 service users and 57 staff<br><br>**Diagnosis**<br>Schizophrenia = 16, Schizoaffective disorder = 2, Bipolar disorder = 2<br><br>**Characteristics**<br>Median age (range): service users = 36.20 (11.93), staff = 41.67 (11.22)<br>Gender (M/F): service users = 13/7, staff = 19/38<br><br>**Inclusion criteria**<br>Assessed by the researchers as able to give informed consent. At least 3 months experience working or residing on the ward where the intervention was being tested, and no plans to leave within the next 6 months.<br><br>**Exclusion criteria**<br>Staff were excluded if they worked only nights. | **Phenomenon of interest**<br>To identify the effects of a Team Formulation intervention on staff practice, including identifying active components or variations in effectiveness.<br><br>**Recruitment Details**<br>All eligible staff and service users from 10 rehabilitation wards that participated in a single blind cluster randomised controlled trial.<br><br>**Collection Details**<br>Semi-structured interviews were held by the research team at 6-month follow-up, with some development to the topic guide over time.<br><br>**Analysis Details**<br>Interviews were audio-recorded and transcribed verbatim, and the data was analysed manually using thematic analysis. | **Results summarised under the following themes:**<br><br>Being on a rehabilitation ward<br><br><br>**Findings: (see appendix M for quotes)**<br><br>Improved staff understanding of patients<br><br>Staff increased awareness of feelings | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Yes. All eligible participants within the trial were included as a part of the wider study.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>No. The researcher who delivered the intervention to the staff also participated in conducting the interviews, which is likely to have bias the feedback. |

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| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| patient, including barriers and enhancers to implementing the intervention.<br><br>**Date of data collection**<br>2011 - 2013<br><br>**Source of funding**<br>Funded by a National Institute of Health Research postdoctoral fellowship. | | | | **Q7: Have ethical issues been taken into consideration?**<br>Unclear. The report specifies informed consent and an ethics board, but there is little other discussion of ethics.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Yes. In a UK rehabilitation context.<br><br>**Overall methodological limitations**<br>Moderate. |
| **Full citation**<br>Boycott, N., Akhtar, A., Schneider, J., "Work is good for me": views of mental health service users seeking work during the UK recession, a qualitative analysis, Journal of Mental Health, 24, 93-7, 2015<br>**Ref Id**<br>906119<br>**Country where the study was carried out**<br>UK<br>**Study type**<br>Qualitative<br><br>**Aim of the study**<br>This study aimed to obtain service users' views of an IPS programme implemented in the UK during recession | **Sample size**<br>31 service users<br><br>**Diagnoses**<br>Psychosis-14, Schizophrenia-8,Bipolar disorder-4,depression-4,other-1<br><br>**Characteristics**<br>Mean age: 30.8 years; Gender: M/F: 22/9<br><br>**Inclusion criteria**<br>Individuals had been receiving IPS for at least 6 months<br><br>**Exclusion criteria**<br>Not reported | **Phenomenon of interest**<br>service users' views of an Individual Placement support programme<br><br>**Recruitment Details**<br>31 out of 43 participants of a larger study (RCT) were included<br><br>**Data collection details**<br>Semi-structured interviews<br><br>**Analysis Details**<br>Thematic analysis | **Results summarised under the following themes:**<br><br>The value of employment<br><br>Employment support programs<br><br>**Findings: (see appendix M for quotes)**<br><br>IPS Services | **Limitations (CASP: checklist for qualitative studies)**<br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Unclear. Not much discussion on was excluded/declined and what may have been different about them.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes. |

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| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| **Date of data collection**<br>July 2011-December 2012<br><br>**Source of funding**<br>This project was funded by the NIHR CLAHRC-NDL programme | | | | **Q6: Has the relationship between researcher and participants been adequately considered?**<br>No - not clearly considered<br><br>**Q7: Have ethical issues been taken into consideration?**<br>No.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Yes; in context of recession.<br><br>**Overall methodological limitations**<br>Serious. |
| **Full citation**<br>Chung, C. L., Pernice-Duca, F., Biegel, D. E., Norden, M., Chang, C. W., Family perspectives of how their relatives with mental illness benefit from Clubhouse participation: a qualitative inquiry, Journal of Mental Health, 25, 372-378, 2016<br>**Ref Id**<br>735805<br>**Country where the study was carried out**<br>USA<br>**Study type**<br>Qualitative<br><br>**Aim of the study** | **Sample size**<br>24 relatives of 25 service users.<br>Mother 9 (38%), Father 5 (21%), Sister 5 (21%), Brother 4 (17%), Aunt 1 (4%)<br><br>**Diagnoses**<br>Schizophrenia-spectrum disorder 15 (60%), Depression 5 (20%), Bipolar disorder 2 (8%), Other 3 (12%)<br><br>**Characteristics**<br>SERVICE USERS: Mean age: 41.6 (SD 11.0); Gender M/F: 17/8 (68/32%) | **Phenomenon of interest**<br>Benefits of Clubhouse participation.<br>The clubhouse model provides low-pressure and accessible occupational and social opportunities for people with mental illness who may otherwise struggle going in to competitive work environments directly. It allows them to gain experience of work and meaningful occupation<br><br>**Recruitment Details**<br>Thirty-eight family members were invited to participate, and 24 agreed. | **Results summarised under the following themes:**<br><br>Consumer oriented programs<br><br><br>**Findings: (see appendix M for quotes)**<br><br>Positive affective changes<br><br>Improved goal-directed and challenging behaviors<br><br>Positive attitude changes<br><br>Greater social interactions | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Unclear - an opportunistic sample, not a lot of detail about those who declined to participate or why. |

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| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| This study aimed to investigate family members' perspectives of how Clubhouse programming has affected consumers' recovery.<br><br>**Date of data collection**<br>NR<br><br>**Source of funding**<br>Supported by grants from the Cleveland and Woodruff Foundations, Cleveland, Ohio. Part of this research was supported by a Wayne State University Faculty Development Award, Detroit, Michigan. | **Inclusion criteria**<br>Family members who provide a significant level of social support to clubhouse members who were active members, aged 18 years or over and with a self-reported mental illness<br><br>**Exclusion criteria**<br>NR | **Data collection details**<br>Interviews using a semi-structured protocol<br><br>**Analysis Details**<br>Transcripts were analyzed using a method of describing, classifying and interpreting the text with a circular process (Creswell, 2007). | | **Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>No - not clearly considered.<br><br>**Q7: Have ethical issues been taken into consideration?**<br>Unclear - approved by an ethics board but little other consideration or discussion.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Unclear – Not discussed, it's a US context but a model that is applied similarly in the UK.<br><br>**Overall methodological limitations**<br>Moderate |
| **Full citation**<br>Coniglio, F. D., Hancock, N., Ellis, L. A., Peer support within Clubhouse: a grounded theory study, Community Mental Health Journal, 48, 153-160, 2012<br>**Ref Id**<br>906456<br>**Country where the study was carried out**<br>Australia<br>**Study type**<br>Qualitative | **Sample size**<br>10 service users<br><br>**Diagnoses**<br>Schizophrenia-spectrum disorder 4 (40%), Depression, alcohol & substance abuse 1 (10%), Bipolar disorder 4 (40%), Anxiety disorder 1 (10%)<br><br>**Characteristics** | **Phenomenon of interest**<br>Role of peer support in the clubhouse model<br><br>**Recruitment Details**<br>Recruitment of participants was done through advertisements in the Clubhouse newsletter, announcements at Clubhouse meetings and posters displayed throughout the Clubhouse | **Results summarised under the following themes:**<br><br>The value of employment<br><br>Employment support programs<br><br>Consumer oriented programs<br><br><br>**Findings: (see appendix M for quotes)** | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes. |

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| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| **Aim of the study**<br>This study aimed to study the experiences of Clubhouse members regarding peer support and the outcomes they identify from engaging in this phenomenon<br><br>**Date of data collection**<br>NR<br><br>**Source of funding**<br>Not reported | Mean age: 43.8 (Range:30 to 63); Gender M/F: 4/6 (40/60%)<br><br>**Inclusion criteria**<br>Members of clubhouse. Further details of inclusion criteria not fully described<br><br>**Exclusion criteria**<br>Those registered under the Protected Estates Act (New South Wales Consolidated Acts 1983) and/or Guardianship Act 1987 (New South Wales Consolidated Acts 1987), or those experiencing episodes of acute illness at the time of the study | **Data collection details**<br>Semi-structured individual in depth interviews<br><br>**Analysis Details**<br>Constant comparison and open coding were used for analysis. Analysis occurred in 3 stages: 1) Transcripts scanned and sorted into excerpts, which were analyzed to identify emerging themes 2)Clusters of codes were developed 3) consensus coding & axial coding | Social Inclusion and Belonging<br><br>Shared Achievement Through Doing<br><br>Interdependency<br><br>Intimacy<br><br>Negative Outcomes of Peer Support | **Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Yes. Maximum variation purposive sampling used. The authors have described that this was done to to select a range of participants in terms of gender, age and stage of recovery.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>No - not clearly considered.<br><br>**Q7: Have ethical issues been taken into consideration?**<br>Unclear - approved by an ethics board but little other consideration or discussion.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Yes - Australian context but a model that is applied similarly in the UK.<br><br>**Overall methodological limitations**<br>Minor. |
| **Full citation**<br>Cullen, C., McCann, E., Exploring the role of physical activity for people diagnosed with serious mental illness in Ireland, Journal of Psychiatric and Mental | **Sample size**<br>10 service users<br><br>**Diagnoses**<br>Schizophrenia & schizoaffective disorder-8, Bipolar disorder-2 | **Phenomenon of interest**<br>Role of physical activity<br><br>**Recruitment Details**<br>All ten who agreed to participate were included | **Results summarised under the following themes:**<br><br>Physical activities | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes. |

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| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| Health Nursing, 22, 58-64, 2015 <br> **Ref Id** <br> 765744 <br> **Country where the study was carried out** <br> Ireland <br> **Study type** <br> Qualitative <br><br> **Aim of the study** <br> The aim of the current study was to explore the subjective experiences of people diagnosed with serious mental illness (SMI) in relation to physical activity <br><br> **Date of data collection** <br> Not stated <br><br> **Source of funding** <br> Not reported | **Characteristics** <br> Age range: 26-60 years; Gender: M/F: 6/4 <br><br> **Inclusion criteria** <br> People could participate in the study if they were over 18 years of age, had received a diagnosis of schizophrenia, schizo-affective disorder or bipolar disorder <br><br> **Exclusion criteria** <br> Those who did not provide consent | **Data collection details** <br> Semi-structured interviews <br><br> **Analysis Details** <br> Thematic analysis | **Findings: (see appendix M for quotes)** <br><br> Quality of life and recovery | **Q2: Was a qualitative methodology appropriate?** <br> Yes. <br><br> **Q3 Was the research design appropriate to address the aims of the research?** <br> Yes. <br><br> **Q4: Was the recruitment strategy appropriate to the aims of the research?** <br> Unclear - purposive sampling; no further details. <br><br> **Q5: Were the data collected in a way that addressed the research issue?** <br> Yes <br><br> **Q6: Has the relationship between researcher and participants been adequately considered?** <br> No - not clearly considered. <br><br> **Q7: Have ethical issues been taken into consideration?** <br> Yes- Ethical considerations described in detail. <br><br> **Q8: Was the data analysis sufficiently rigorous?** <br> Yes. <br><br> **Q9: Is there a clear statement of findings?** <br> Yes. <br><br> **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** <br> Yes; in Irish context with similar applications in the UK. <br><br> **Overall methodological limitations** <br> Minor. |
| **Full citation** <br> Dunn, E. C., Wewiorski, N. J., Rogers, E. S., A qualitative investigation of individual and contextual | **Sample size** <br> 23 service users <br><br> **Diagnoses** | **Phenomenon of interest** <br> Perspectives on employment and its relationship to vocational recovery | **Results summarised under the following themes:** <br><br> Employment support programs | **Limitations (CASP: checklist for qualitative studies)** <br><br> **Q1: Was there a clear statement of the aims of the research?** |

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| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| factors associated with vocational recovery among people with serious mental illness, American Journal of Orthopsychiatry, 80, 185-94, 2010<br>**Ref Id**<br>906782<br>**Country where the study was carried out**<br>USA<br>**Study type**<br>Qualitative<br><br>**Aim of the study**<br>This study aimed to investigate perspectives on employment and its relationship to their vocational recovery in people with severe mental illnesses<br><br>**Date of data collection**<br>February 2002 to May 2004<br><br>**Source of funding**<br>Supported by a grant from the National Institute on Disability and Rehabilitation Research (NIDRR) within the Department of Education and the Center for Mental Health Services (CMHS), a division of the Substance Abuse and Mental Health Services Administration Grant H133B40024 | Schizophrenia-spectrum disorder 16 , Major depression 2, Bipolar disorder- 5<br><br>**Characteristics**<br>Age range: 27 to 59 years<br><br>**Inclusion criteria**<br>(1) Experience of psychosis and the self-perception of achieving a moderate to high level of recovery from serious mental illness(2)Those having a range of social relationships outside the mental health community, minimal use of mental health services (3) Stability of psychiatric symptoms<br><br>**Exclusion criteria**<br>No history of psychosis | **Recruitment Details**<br>Thirty nine respondents were screened and 24 were included in the study<br><br>**Data collection details**<br>Semi-structured in depth interviews<br><br>**Analysis Details**<br>Interviews were transcribed by a professional transcriptionist, checked for accuracy, coded using cross-case analysis until consensus was reached and conceptual framework was developed. | Consumer oriented programs<br><br>**Findings: (see appendix M for quotes)**<br><br>Receiving social support (from mental health workers)<br><br>Having access to consumer-oriented programs | Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Yes - purposeful, criterion-based, and maximum variation sampling was used.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>No - not clearly considered.<br><br>**Q7: Have ethical issues been taken into consideration?**<br>Yes. Institutional review approval, and measures to protect confidentiality described.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Yes.<br><br>**Overall methodological limitations**<br>Minor. |

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| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| **Full citation**<br>Gahnstrom-Strandqvist, K., Liukko, A., Tham, K., The meaning of the working cooperative for persons with long-term mental illness: a phenomenological study, The American journal of occupational therapy, : official publication of the American Occupational Therapy Association. 57, 262-272, 2003<br>**Ref Id**<br>907034<br>**Country where the study was carried out**<br>Sweden<br>**Study type**<br>Qualitative<br><br>**Aim of the study**<br>This study aimed to explore the meanings of the lived experiences of persons with long-term mental illness at a social working cooperative<br><br>**Date of data collection**<br>NR<br><br>**Source of funding**<br>Not reported | **Sample size**<br>18 service users<br><br>**Diagnoses**<br>Schizophrenia- 14 , Borderline or anxiety-phobic disorders- 4<br><br>**Characteristics**<br>Age range: 24-60 years; Gender: M/F : 8/10<br><br>**Inclusion criteria**<br>(1) Experience of severe mental illness (2) Age between 24 and 60 years old (3)Experience of the participants in the cooperative of at least 1 year<br><br>**Exclusion criteria**<br>Those not willing to participate | **Phenomenon of interest**<br>Experiences at a social working cooperative<br><br>**Recruitment Details**<br>Eighteen out of nineteen contacted agreed to participate<br><br>**Data collection details**<br>Interviews and field observations<br><br>**Analysis Details**<br>Data were analyzed and interpreted using the Empirical, Phenomenological, Psychological (EPP) method | **Results summarised under the following themes:**<br><br>The value of employment<br><br>Consumer oriented programs<br><br><br>**Findings: (see appendix M for quotes)**<br><br>From an Unsatisfying Context to an Occupational Context<br><br>Meeting Human Occupational and Social Needs<br><br>To Stay or To Leave<br><br>A Normalizing Life | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Unclear- It is reported that participants were selected to give approximate balance of the sexes. Further details of recruitment are not described.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>No - not clearly considered. Interviews were conducted on site and so participants may have felt influenced by power relationship with staff.<br><br>**Q7: Have ethical issues been taken into consideration?**<br>Unclear - approved by an ethics board; consent was verbal ; no further details reported.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes. |

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| Study details | Participants | Methods | Themes and findings | Comments |
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| | | | | **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Yes - In similar supported employment settings.<br><br>**Overall methodological limitations**<br>Moderate. |
| **Full citation**<br>Huck, Garrett E., Finnicum, Cruz, Morrison, Blaise, Kaseroff, Ashley, Umucu, Emre, Consumer perspectives on physical activity interventions within assertive community treatment programs, Psychiatric rehabilitation journal, No Pagination Specified, 2018<br>**Ref Id**<br>907561<br>**Country where the study was carried out**<br>USA<br>**Study type**<br>Qualitative<br><br>**Aim of the study**<br>This study aimed to identify strategies for encouraging greater levels of physical activity among community-dwelling individuals living with serious mental illness participating in assertive community treatment<br><br>**Date of data collection**<br>NR | **Sample size**<br>18 service users<br><br>**Diagnoses**<br>Although, it is reported that 90% of the individuals at the ACT provider (n=147) had a primary diagnosis of schizophrenia, individual diagnosis of included subjects is not known<br><br>**Characteristics**<br>Mean age: 34.4 (SD: 12.3); Gender: M/F: 13/5<br><br>**Inclusion criteria**<br>(1) Diagnosis of a serious mental illness (2) Age > 18 years (3) Able to provide informed consent<br><br>**Exclusion criteria**<br>Those not willing to participate | **Phenomenon of interest**<br>Consumer perspectives on physical activity intervention within ACT programs<br><br>**Recruitment Details**<br>Eighteen participants elected to participate in the study and were recruited<br><br>**Data collection details**<br>Focus group interviews using semi-structured protocol<br><br>**Analysis Details**<br>Data were analyzed by consensual qualitative research(CQR) process of translating the frequency of participant comments into a standard measure of representativeness | **Results summarised under the following themes:**<br><br>Physical activities<br><br>**Findings: (see appendix M for quotes)**<br><br>Direct interventions<br><br>Indirect interventions<br><br>Motivational interventions - Social support | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Unclear - an opportunistic sample, not a lot of detail about those who declined to participate or why.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>Yes, to avoid researcher bias, the research team discussed their expectations prior to the first group.<br><br>**Q7: Have ethical issues been taken into consideration?**<br>Unclear - approved by an ethics board but little other consideration or discussion. |

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| Study details | Participants | Methods | Themes and findings | Comments |
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| **Source of funding**<br>Not reported | | | | **Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Yes-can be applied within ACT settings.<br><br>**Overall methodological limitations**<br>Minor. |
| **Full citation**<br>Kennedy-Jones, M., Cooper, J., Fossey, E., Developing a worker role: Stories of four people with mental illness, Australian Occupational Therapy Journal, 52, 116-126, 2005<br>**Ref Id**<br>907797<br>**Country where the study was carried out**<br>Australia<br>**Study type**<br>Qualitative<br><br>**Aim of the study**<br>This study aimed to explore how participants' work-related experiences and vocationally orientated activities within a Clubhouse programme supported the development or resumption of their worker-roles.<br><br>**Date of data collection**<br>NR | **Sample size**<br>4 service users<br><br>**Diagnoses**<br>Schizophrenia- 3; severe mood disorder- 1<br><br>**Characteristics**<br>Age range: 31 to 42 years, Gender:M/F: 2/2 (probably 2/2, as not reported in the article, but calculated based on psudonyms)<br><br>**Inclusion criteria**<br>(1) Age between 18 and 65 years (2) Diagnosis of schizophrenia and/or aevere mood disorder for 5 years or more (3) Members of the clubhouse for atleast 6 months (4) Working in transitional or open employment for 6 months or more<br><br>**Exclusion criteria** | **Phenomenon of interest**<br>Work related experiences<br><br>**Recruitment Details**<br>Four participants selected through an intermediary were included in the study<br><br>**Data collection details**<br>Semi-structured in-depth interview<br><br>**Analysis Details**<br>Data were analyzed by narrative synthesis | **Results summarised under the following themes:**<br><br>The value of employment<br><br>Employment support programs<br><br>Consumer oriented programs<br><br>**Findings: (see appendix M for quotes)**<br><br>Experiences with the clubhouse programme<br><br>Support of significant others<br><br>Personal meaning of work | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Unclear - an opportunistic sample chosen by the intermediary, not a lot of detail about those who declined to participate or why.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>Yes, the researcher recorded field notes about the techniques used, decisions made and her subjective |

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| Study details | Participants | Methods | Themes and findings | Comments |
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| **Source of funding**<br>Not reported | Those not willing to participate | | | experiences. This self reflection was used to prevent personal influences on the research process.<br><br>**Q7: Have ethical issues been taken into consideration?**<br>Yes; approval from ethics board, written informed consent, pseudonyms to maintain confidentiaity.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Yes.<br><br>**Overall methodological limitations**<br>Minor. |
| **Full citation**<br>Killaspy, H., King, M., Holloway, F., Craig, T. J., Cook, S., Mundy, T., Leavey, G., McCrone, P., Koeser, L., Omar, R., Marston, L., Arbuthnott, M., Green, N., Harrison, I., Lean, M., Gee, M., Bhanbhro, S., NIHR Journals Library. Programme Grants for Applied Research, 03, 03, 2017<br>**Ref Id**<br>907825<br>**Country where the study was carried out**<br>UK<br>**Study type**<br>Qualitative | **Sample size**<br>26 service users<br><br>**Diagnoses**<br>Schizophrenia-19; Schizoaffective disorder-1; Bipolar disorder-1, Other 2; Not reported-3<br><br>**Characteristics**<br>Mean age (SD): 35 (11); Gender (M/F): 19/7<br><br>**Inclusion criteria**<br>Rehabilitation unit service users<br><br>**Exclusion criteria**<br>Not reported | **Phenomenon of interest**<br>Experiences of a rehabilitation unit<br><br>**Recruitment Details**<br>The participants were recruited from 12 units across eight trusts<br><br>**Data collection details**<br>Unspecified interviews<br><br>**Analysis Details**<br>Thematic analysis | **Results summarised under the following themes:**<br><br>Being on a rehabilitation ward<br><br>**Findings: (see appendix M for quotes)**<br><br>Facilitating activities<br><br>Ethos and approach<br><br>Service users' interest in activities | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes - although the author states the goal of qualitative data here was to add context to the rest of the evaluation, rather than a focus on these experiences.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Unclear. |

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| Study details | Participants | Methods | Themes and findings | Comments |
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| **Aim of the study**<br>Identify the elements of service provision, structural and cultural, that facilitate excellence in rehabilitation services or, conversely, act as barriers.<br><br>**Date of data collection**<br>September 2009 to July 2010<br><br>**Source of funding**<br>The REAL (Rehabilitation Effectiveness for Activities for Life) study was a national programme of research into NHS mental health rehabilitation services, funded by the National Institute for Heath Research (NIHR) and supported by the Mental Health Research Network. The fundholders were Camden and Islington NHS Foundation Trust and the research was a collaboration between University College London, King's College London, Sheffield Hallam University and South London and Maudsley NHS Foundation Trust. | | | | **Q5: Were the data collected in a way that addressed the research issue?**<br>Unclear - the data collection, interview schedule etc. are not well described.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>No - not clearly considered.<br><br>**Q7: Have ethical issues been taken into consideration?**<br>Unclear- ethics panel, but no other details described.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>No - findings briefly grouped and summarised, but little further analysis. Lots of details on the topic of interest here are lost in the summary.<br><br>**Q9: Is there a clear statement of findings?**<br>No - little detail or appraisal for each finding.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Yes.<br><br>**Overall methodological limitations**<br>Serious. |
| **Full citation**<br>Koletsi, M., Niersman, A., van Busschbach, J. T., Catty, J., Becker, T., Burns, T., Fioritti, A., Kalkan, R., Lauber, C., Rössler, W., et | **Sample size**<br>48 service users<br><br>**Diagnoses**<br>Schizophrenia-29, Bipolar disorder-16, Other 4 | **Phenomenon of interest**<br>Experiences of individual placement and support, vocational rehabilitation and employment | **Results summarised under the following themes:**<br><br>The value of employment | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes. |

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| Study details | Participants | Methods | Themes and findings | Comments |
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| al.,, Working with mental health problems: clients' experiences of IPS, vocational rehabilitation and employment, Social psychiatry and psychiatric epidemiology, 44, 961-970, 2009<br>**Ref Id**<br>907891<br>**Country where the study was carried out**<br>Pan-European<br>**Study type**<br>Qualitative<br><br>**Aim of the study**<br>This study aimed to study clients' views of the difficulties of obtaining and maintaining employment, experiences of the support received from their IPS or Vocational Service workers and the perceived impact of work on their lives.<br><br>**Date of data collection**<br>NR<br><br>**Source of funding**<br>This study was funded by a grant from the European Union, Quality of Life and Management of Living Resources Programme (QLRT 2001-00683) | **Characteristics**<br>Age range: 18-57 years; Gender: M/F: 27/21<br><br>**Inclusion criteria**<br>(1) Diagnosis of psychotic illness including bipolar disorder (2) Age 18 to retirement (3) Having a major role dysfunction for 2 years or more (4) Living in community at baseline, not in competetive employment in the last year and interested to enter competetive employment<br><br>**Exclusion criteria**<br>Not reported | **Recruitment Details**<br>Semi-structured interviews of participants of a randomized trial<br><br>**Data collection details**<br>Semi-structured interview<br><br>**Analysis Details**<br>The qualitative material was translated into English by the interviewer, and then divided and coded separately by two researchers . The iterative process of coding and comparing was done using the digital transcripts. | Employment support programs<br><br><br>**Findings: (see appendix M for quotes)**<br><br>Incentives to continue working<br><br>Disclosure of mental health problem<br><br>Help finding work | **Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Unclear- purposive sample, appropriate clients were invited for in depth interviews, not a lot of detail about those who declined to participate or why.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>No - not clearly considered.<br><br>**Q7: Have ethical issues been taken into consideration?**<br>Unclear - approved by an ethics board ; informed consent ; no further details reported.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Unclear. Transcripts were translated to English by researchers, and it is unclear if some bias may have entered here.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>yes- Pan European study including United Kingdom.<br><br>**Overall methodological limitations** |

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| Study details | Participants | Methods | Themes and findings | Comments |
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| | | | | Moderate. |
| **Full citation**<br>Lindstrom, M., Sjostrom, S., Lindberg, M., Stories of rediscovering agency: home-based occupational therapy for people with severe psychiatric disability, Qualitative health research, 23, 728-740, 2013<br>**Ref Id**<br>908145<br>**Country where the study was carried out**<br>Sweden<br>**Study type**<br>Qualitative<br><br>**Aim of the study**<br>This study aim to investigate how participants made sense of their occupational transformations in the context of their everyday life and life history<br><br>**Date of data collection**<br>NR<br><br>**Source of funding**<br>This study was supported in part by the National Swedish Psychiatric Services Coordination | **Sample size**<br>16 service users<br><br>**Diagnoses**<br>Schizophrenia & other psychosis related disorder-16<br><br>**Characteristics**<br>Age range: 27-66 years; Gender: M/F: 9/7<br><br>**Inclusion criteria**<br>People with severe psychiatric disability residing in sheltered and supported housing receiving home based integrated occupational therapy<br><br>**Exclusion criteria**<br>Those who did not complete the intervention | **Phenomenon of interest**<br>Occupational transformations in relation to everyday life and life history<br><br>**Recruitment Details**<br>Sixteen out of seventeen participants recruited completed the intervention and were included in the study<br><br>**Data collection details**<br>Interviews and field observations<br><br>**Analysis Details**<br>Data were analyzed by narrative synthesis | **Results summarised under the following themes:**<br><br>Occupational therapy<br><br><br>**Findings: (see appendix M for quotes)**<br><br>The rediscovery of agency<br><br>Re-entering the majority world | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Unclear - an opportunistic sample, not a lot of detail about those who declined to participate or why.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>No - not clearly considered.<br><br>**Q7: Have ethical issues been taken into consideration?**<br>Unclear - approved by an ethics board; informed consent; no further details reported.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes. |

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| Study details | Participants | Methods | Themes and findings | Comments |
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| | | | | **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Yes-A Swedish model but can be applied in UK settings<br><br>**Overall methodological limitations**<br>Minor. |
| **Full citation**<br>Liu, K. W., Hollis, V., Warren, S., Williamson, D. L., Supported-employment program processes and outcomes: experiences of people with schizophrenia, The American journal of occupational therapy, : official publication of the American Occupational Therapy Association. 61, 543-554, 2007<br>**Ref Id**<br>908157<br>**Country where the study was carried out**<br>Canada<br>**Study type**<br>Qualitative<br><br>**Aim of the study**<br>This study aimed to explore participants' experiences of a supported-employment program<br><br>**Date of data collection**<br>NR<br><br>**Source of funding**<br>This study was funded by the Alberta Association of | **Sample size**<br>7 service users<br><br>**Diagnoses**<br>Schizophrenia-7<br><br>**Characteristics**<br>Age range: 20-60 years; Gender: M/F: 3/4<br><br>**Inclusion criteria**<br>(1) Age between 20 and 65 years (2) Participation in the supported-employment program (c) Diagnosis of schizophrenia<br><br>**Exclusion criteria**<br>Those not willing to participate | **Phenomenon of interest**<br>Supported-Employment Program experiences<br><br>**Recruitment Details**<br>Seven out of fourteen participants meeting the inclusion critria agreed to participate<br><br>**Data collection details**<br>Interviews with open-ended and semi-structured probe questions<br><br>**Analysis Details**<br>Open , axial and selective coding was used to analyze data. These processes were performed simultaneously in a flexible manner. | **Results summarised under the following themes:**<br><br>Employment support programs<br><br>**Findings: (see appendix M for quotes)**<br><br>Removing Barriers to Job Seeking<br><br>Encouraging a partnership between case managers and participants.<br><br>Too much support can feel bad<br><br>Improving Psychological Well-Being | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Unclear - an opportunistic sample selected by case manager; not a lot of detail about those who declined to participate or why.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>No - not clearly considered.<br><br>**Q7: Have ethical issues been taken into consideration?**<br>Unclear - approved by an ethics board; informed consent; no further details reported. |

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| Study details | Participants | Methods | Themes and findings | Comments |
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| Registered Occupational Therapists | | | | **Q8: Was the data analysis sufficiently rigorous?** Yes.<br><br>**Q9: Is there a clear statement of findings?** Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Yes- with participants of similar characteristics; can be applied in the UK.<br><br>**Overall methodological limitations** Moderate. |
| **Full citation** Luciano, A., Bryan, E. L., Carpenter-Song, E. A., Woods, M., Armstrong, K., Drake, R. E., Long-term sobriety strategies for men with co-occurring disorders, Journal of Dual Diagnosis, 10, 212-9, 2014a **Ref Id** 908205 **Country where the study was carried out** USA **Study type** Qualitative<br><br>**Aim of the study** This study aimed to explore strategies for relapse prevention as described by men with co-occurring disorders who achieved one or more years of sobriety<br><br>**Date of data collection** 2012 | **Sample size** 12 service users<br><br>**Diagnoses** Schizophrenia- 2,Schizoaffective disorder- 4, Bipolar disorder 4, Generalized anxiety disorder-2<br><br>**Characteristics** Age range: 23-42 years; Gender: M/F: 12/0<br><br>**Inclusion criteria** (1) People with psychosis and co-occurring substance use disorder (2)Those who received inpatient or outpatient services(3) Those who achieved at least one year of sobriety<br><br>**Exclusion criteria** Not reported | **Phenomenon of interest** Sobriety Strategies for Co-occurring Disorders<br><br>**Recruitment Details** Secondary data collected in an integrated co-occurring disorder treatment clinic via semi-structured interviews<br><br>**Data collection details** In depth interviews using semi-structured protocol<br><br>**Analysis Details** Secondary analysis of transcripts using Charmaz's constructivist grounded-theory approach | **Results summarised under the following themes:**<br><br>Substance misuse services<br><br>**Findings: (see appendix M for quotes)**<br><br>Building a Supportive Community<br><br>Meaningful Activities | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?** Yes.<br><br>**Q2: Was a qualitative methodology appropriate?** Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?** Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?** No- Secondary data analysis is not ideal for qualitative research.<br><br>**Q5: Were the data collected in a way that addressed the research issue?** No, secondary data.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?** No - not clearly considered. |

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| Study details | Participants | Methods | Themes and findings | Comments |
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| **Source of funding**<br>This study was funded by The Hitchcock Foundation | | | | **Q7: Have ethical issues been taken into consideration?**<br>Yes - Institutional review approval, and measures to protect confidentiality described.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>yes- though generalizability limited due to all subjects being male.<br><br>**Overall methodological limitations**<br>Moderate. |
| **Full citation**<br>Luciano, A., Carpenter-Song, E. A., A qualitative study of career exploration among young adult men with psychosis and co-occurring substance use disorder, Journal of Dual Diagnosis, 10, 220-225, 2014b<br>**Ref Id**<br>908206<br>**Country where the study was carried out**<br>USA<br>**Study type**<br>Qualitative<br><br>**Aim of the study**<br>This study explores the meaning and importance of career exploration and career development in the | **Sample size**<br>12 service users<br><br>**Diagnoses**<br>Schizophrenia & schizoaffective disorder-8 (67%), Bipolar disorder-3(25%),Major depressive disorder-1(8%)<br><br>**Characteristics**<br>Age range: 18-35 years; Gender: M/F: 12/0<br><br>**Inclusion criteria**<br>(1) diagnosis of co-occurring psychotic illness and substance use disorder,(2) currently receiving residential or outpatient servicesat the integrated mental health and substance use treatment | **Phenomenon of interest**<br>Career Exploration<br><br>**Recruitment Details**<br>12 out of 15 eligible candidates participated in the study<br><br>**Data collection details**<br>Semi-structured interviews<br><br>**Analysis Details**<br>Thematic analysis | **Results summarised under the following themes:**<br><br>Employment support programs<br><br>**Findings: (see appendix M for quotes)**<br><br>Ambitious Career Goals<br><br>Career Development and Treatment Engagement | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Unclear-purposive sampling; no further details.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes. |

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|---|---|---|---|---|
| context of integrated treatment for young adults with early psychosis and substance use disorders<br><br>**Date of data collection**<br>Not stated<br><br>**Source of funding**<br>The research reported here was supported by a Hitchcock Foundation Pilot Grant. | center (3) between 18 and 35 years of age, and (4) able to provideinformed consent.<br><br>**Exclusion criteria**<br>Not reported | | | **Q6: Has the relationship between researcher and participants been adequately considered?**<br>No-not clearly considered.<br><br>**Q7: Have ethical issues been taken into consideration?**<br>No, no details given.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Yes, however generalizability limited to males<br><br>**Overall methodological limitations**<br>Moderate. |
| **Full citation**<br>Maisto, S. A., Carey, K. B., Carey, M. P., Purnine, D. M., Barnes, K. L., Methods of changing patterns of substance use among individuals with co-occurring schizophrenia and substance use disorder, Journal of Substance Abuse Treatment, 17, 221-7, 1999<br>**Ref Id**<br>908286<br>**Country where the study was carried out**<br>USA<br>**Study type**<br>Qualitative<br><br>**Aim of the study** | **Sample size**<br>21 service users<br><br>**Diagnoses**<br>Schizophrenia spectrum disorder-21<br><br>**Characteristics**<br>Age range: 28-59 years; Gender: M/F: 2/19<br><br>**Inclusion criteria**<br>Current diagnosis in the schizophrenia spectrum, a lifetime diagnosis of substance abuse or dependence, 18 years of age or older, and ability to engage meaningfully in a discussion group | **Phenomenon of interest**<br>Techniques that might help to change patterns of substance use in the SMI<br><br>**Recruitment Details**<br>21 out of 57 eligible were recruited<br><br>**Data collection details**<br>Focus group discussions<br><br>**Analysis Details**<br>Transcripts coded to themes | **Results summarised under the following themes:**<br><br>Substance misuse services<br><br>**Findings: (see appendix M for quotes)**<br><br>Individual therapy<br><br>Group therapy<br><br>Self-Help 12-Step Groups<br><br>Rehabilitation Programs | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Unclear-purposive sampling, reasons for exclusion described, but possibility of selection bias. |

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| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| The purpose of this study was to collect qualitative data as a way to help identify techniques that might help to change patterns of substance use in the SMI<br><br>**Date of data collection**<br>Not stated<br><br>**Source of funding**<br>This research was supported in part by National Institute on Drug Abuse Grant DA 10010 to Kate B. Carey and National Institute on Mental Health Grant MH 54929 | **Exclusion criteria**<br>Not reported | | | **Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>No - not clearly considered.<br><br>**Q7: Have ethical issues been taken into consideration?**<br>No – no ethical considerations described.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Unclear-A US model but seems applicable in UK settings<br><br>**Overall methodological limitations**<br>Moderate. |
| **Full citation**<br>Mancini, M. A., Wyrick-Waugh, W., Consumer and practitioner perceptions of the harm reduction approach in a community mental health setting, Community Mental Health Journal, 49, 14-24, 2013<br>**Ref Id**<br>908304<br>**Country where the study was carried out**<br>USA<br>**Study type** | **Sample size**<br>15 service users<br><br>**Diagnoses**<br>73% (n = 11) diagnosed with a psychotic disorder. 27% (n = 4) were diagnosed with a mood disorder. All participants were diagnosed with a co-occurring alcohol or other substance use disorder.<br><br>**Characteristics** | **Phenomenon of interest**<br>Harm Reduction Approach<br><br>**Recruitment Details**<br>Recruited at weekly house meetings and through bulletin board flyers posted throughout the housing unit. For their participation, consumers received a $10 gift certificate to the local grocery store.<br><br>**Data collection details**<br>Unspecified interviews | **Results summarised under the following themes:**<br><br>Substance misuse services<br><br>**Findings: (see appendix M for quotes)**<br><br>The Importance of Practical Guidance and Unconditional Support | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes. |

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| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| Qualitative<br><br>**Aim of the study**<br>Understand Consumer and Practitioner Perceptions of the Harm Reduction Approach in a Community Mental Health Setting<br><br>**Date of data collection**<br>Not stated<br><br>**Source of funding**<br>Not stated | Male: (73%), African-American (60%), Ages 40 to 49<br><br>**Inclusion criteria**<br>All participants were diagnosed with a serious mental illness and a substance use disorder. Admission criteria also required that consumers have histories of homelessness due to substance use.<br><br>**Exclusion criteria**<br>Not reported | **Analysis Details**<br>Grounded theory methods | The Negative Impact of Ambiguity | **Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Unclear - an opportunistic sample, not a lot of detail about those who declined to participate or why.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>Unclear - it was briefly considered in the conclusions, but not really accounted for in the methods.<br><br>**Q7: Have ethical issues been taken into consideration?**<br>Yes; approval from ethics board, written informed consent, pseudonyms to maintain confidentiaity.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Yes - A US context but a model that is applied similarly in the UK.<br><br>**Overall methodological limitations**<br>Minor. |
| **Full citation**<br>Marshal, S. L., Oades, L. G., Growe, T. P., Australian mental health consumers contributions to the evaluation and improvement of recovery-oriented service provision, Israel Journal of | **Sample size**<br>18 service users<br><br>**Diagnoses**<br>Schizophrenia-9, Schizoaffective disorder-4, depressive psychosis-4, Bipolar disorder-1 | **Phenomenon of interest**<br>Evaluation and Improvement of Recovery oriented Service Provision<br><br>**Recruitment Details** | **Results summarised under the following themes:**<br><br>The value of a recovery orientation | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?** |

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| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| Psychiatry & Related Sciences, 47, 198-205, 2010 **Ref Id** 908339 **Country where the study was carried out** Australia **Study type** Qualitative<br><br>**Aim of the study** This study aimed to guide improvement of the collaborative recovery model and its use in mental health services using feedback from mental health consumers<br><br>**Date of data collection** July & August 2007<br><br>**Source of funding** This study was a part of a project which was supported by Strategic Partnership Grant 219327 from the National Health and Medical Research Council. The Schizophrenia Fellowship of New South Wales and Queensland provided financial support for payment of consumer researchers involved in this study | **Characteristics** Mean age: 38 (SD=12.5) years; Gender: M/F: 7/11<br><br>**Inclusion criteria** Diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder or Major Depressive Disorder with psychotic features of at least six-months duration and high support needs (2) People who were critical of the CRM, or certain aspects of it.<br><br>**Exclusion criteria** Individuals with dementia, severe mental retardation or brain injury | Eighteen out of 242 participants (of a larger study) took part<br><br>**Data collection details** In depth focus group meetings<br><br>**Analysis Details** Thematic analysis | **Findings: (see appendix M for quotes)**<br><br>CRM not presented to consumers in an appealing manner<br><br>Inadequate discussion with consumers around recovery<br><br>Some staff had negative attitudes towards the CRM and felt unsupported<br><br>Too much emphasis on written documentation for some people<br><br>Goal and homework sheets owned by mental health staff, as opposed to consumers<br><br>Difficulty regarding goal striving during periods of illness<br><br>The use of word "homework" and "recovery vision" | Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?** Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?** Unclear- Maximum variation sampling; not a lot of detail about those who declined to participate or why.<br><br>**Q5: Were the data collected in a way that addressed the research issue?** Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?** No - not clearly considered.<br><br>**Q7: Have ethical issues been taken into consideration?** Unclear - approved by an ethics board; informed consent ; no further details reported.<br><br>**Q8: Was the data analysis sufficiently rigorous?** Yes.<br><br>**Q9: Is there a clear statement of findings?** Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Yes-An Australian model but can be applied in UK settings.<br><br>**Overall methodological limitations** Minor. |
| **Full citation** Panczak, A., Pietkiewicz, I., Work activity in the process | **Sample size** 8 service users | **Phenomenon of interest** | **Results summarised under the following themes:** | **Limitations (CASP: checklist for qualitative studies)** |

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| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| of recovery - an interpretive phenomenological analysis of the experiences of people with a schizophrenia spectrum diagnosis, Psychiatria PolskaPsychiatr Pol, 50, 805-826, 2016<br>**Ref Id**<br>766838<br>**Country where the study was carried out**<br>Poland<br>**Study type**<br>Qualitative<br><br>**Aim of the study**<br>This study aimed to explore the personal experiences of people employed in Vocational Development Centers.<br><br>**Date of data collection**<br>2012-2014<br><br>**Source of funding**<br>No financial support | **Diagnoses**<br>Schizophrenia-spectrum disorder 8 (100%)<br><br>**Characteristics**<br>Age range: 28-58 years;<br>Gender: M/F: 4/4<br><br>**Inclusion criteria**<br>(1) Diagnosis of schizophrenia-spectrum disorder (2) Experience of working in VDCs for at least two years<br><br>**Exclusion criteria**<br>(2)Persisting symptoms and cognitive difficulties (3) short duration of employment | Experiences of people employed in Vocational Development Centers<br><br>**Recruitment Details**<br>Eight out of sixteen interviews were included<br><br>**Data collection details**<br>Semi-structured interviews<br><br>**Analysis Details**<br>Interpretative phenomenological analysis | The value of employment<br><br>Employment support programs<br><br>Consumer oriented programs<br><br><br>**Findings: (see appendix M for quotes)**<br><br>A sense of community<br><br>Work-related burdens<br><br>Understanding<br><br>Financial gratification<br><br>Positive self-image of employee<br><br>An activating function of work | **Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Unclear- purposive sampling, details on exclusions insufficient.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>No - not clearly considered.<br><br>**Q7: Have ethical issues been taken into consideration?**<br>Unclear- consent from management and participants, no further details.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Yes.<br><br>**Overall methodological limitations** |

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| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| | | | | Moderate. |
| **Full citation**<br>Pooremamali, P., Morville, A. L., Eklund, M., Barriers to continuity in the pathway toward occupational engagement among ethnic minorities with mental illness, Scandinavian journal of occupational therapy, 24, 259-268, 2017<br>**Ref Id**<br>909134<br>**Country where the study was carried out**<br>Sweden<br>**Study type**<br>Qualitative<br><br>**Aim of the study**<br>To investigate how mentally ill ethnic minority clients experience, feel and think about participation in occupation-based rehabilitation<br><br>**Date of data collection**<br>Not stated<br><br>**Source of funding**<br>The study was founded by the Swedish National Board of Health and Welfare. | **Sample size**<br>9 service users<br><br>**Diagnoses**<br>Seven had psychotic episodes while two had long-term depression<br><br>**Characteristics**<br>Age range: 30-60 years; Gender: M/F: 6/3. Immigrants from Bosnia, Turkey, Bulgaria, Iran, Iraq, and Israel.<br><br>**Inclusion criteria**<br>A non-Swedish ethnic background, a mental illness, and having received community- based rehabilitation for at least 4 h per week with a duration of more than 1 month<br><br>**Exclusion criteria**<br>None of the participants reported having mental illness prior to migrating. | **Phenomenon of interest**<br>Occupation based rehabilitation for ethnic minorities<br><br>**Recruitment Details**<br>Staff at the four centres acted as mediators in the recruitment of participants. Nineteen were identified, of which four were subsequently hospitalised. Of the remaining fifteen, nine were interviewed and the final six were informed they would not be as the authors reached data saturation.<br><br>**Data collection details**<br>Themed interviews<br><br>**Analysis Details**<br>Grounded Theory framework | **Results summarised under the following themes:**<br><br>Barriers faced by ethnic minorities<br><br><br>**Findings: (see appendix M for quotes)**<br><br>Lack of access to adequate support and resources<br><br>Shadow of stigma<br><br>Lack of voice or representation, feeling like an outsider<br><br>Person-related barriers | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Yes.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>Unclear - in the conclusions section the author mentions they met several times to establish 'trust', but this is not well explained or explored..<br><br>**Q7: Have ethical issues been taken into consideration?**<br>Yes- Institutional review approval , and measures to protect confidentiality described.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes. |

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| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| | | | | **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Yes - a swedish context, but lots of data given so the reader can judge for themselves how applicable the findings are to their own context.<br><br>**Overall methodological limitations**<br>Minor. |
| **Full citation**<br>van Langen, W. J., Beentjes, T. A., van Gaal, B. G., Nijhuis-van der Sanden, M. W., Goossens, P. J., How the Illness Management and Recovery Program Enhanced Recovery of Persons With Schizophrenia and Other Psychotic Disorders: A Qualitative Study, Archives of Psychiatric Nursing, 30, 552-557, 2016<br>**Ref Id**<br>910169<br>**Country where the study was carried out**<br>Netherlands<br>**Study type**<br>Qualitative<br><br>**Aim of the study**<br>This study aimed to describe how the Illness Management and Recovery (IMR) program enhanced recovery of persons with schizophrenia and other psychotic disorders from their own perspective | **Sample size**<br>8 service users<br><br>**Diagnoses**<br>Schizophrenia & schizoaffective disorder-4, Unspecified psychosis-4<br><br>**Characteristics**<br>Age range: 24-56 years; Gender: M/F: 4/4<br><br>**Inclusion criteria**<br>(1) Schizophrenia or another psychotic disorder (2) Two years since onset of the illness before they started the IMR program and completed the IMR program<br><br>**Exclusion criteria**<br>(1) Low attendance (2) Persons who experienced difficulties in communication due to substance use or psychotic experiences | **Phenomenon of interest**<br>Perspectives on recovery orientation of service<br><br>**Recruitment Details**<br>Eight out of 14 eligible subjects were recruited<br><br>**Data collection details**<br>Unspecified interviews<br><br>**Analysis Details**<br>Colaizzi's data analysis method was used as described by Holloway and Wheeler (Holloway & Wheeler, 2006) and supported by the MAXQDA® computer software | **Results summarised under the following themes:**<br><br>The value of a recovery orientation<br><br><br>**Findings: (see appendix M for quotes)**<br><br>Practice<br><br>The IMR Textbook<br><br>Goal-Setting Skills<br><br>Symptom Management Skills<br><br>Sharing Peer Information | **Limitations (CASP: checklist for qualitative studies)**<br><br>**Q1: Was there a clear statement of the aims of the research?**<br>Yes.<br><br>**Q2: Was a qualitative methodology appropriate?**<br>Yes.<br><br>**Q3 Was the research design appropriate to address the aims of the research?**<br>Yes.<br><br>**Q4: Was the recruitment strategy appropriate to the aims of the research?**<br>Unclear-reasons for non participation not explored.<br><br>**Q5: Were the data collected in a way that addressed the research issue?**<br>Yes.<br><br>**Q6: Has the relationship between researcher and participants been adequately considered?**<br>Unclear - A logbook was maintained, in order to record all the researcher's thoughts, reflections, ideas and observations. Data analysis including the records from the logbook has been discussed and supervised in order to enlarge dependability and credibility.<br><br>**Q7: Have ethical issues been taken into consideration?** |

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| Study details | Participants | Methods | Themes and findings | Comments |
|---|---|---|---|---|
| **Date of data collection**<br>September 2013-January 2014<br><br>**Source of funding**<br>This study is funded by the Dutch Organization for Health Care Research and Development, ID520001001 (ZonMW). | | | | Yes- Ethical considerations described in detail.<br><br>**Q8: Was the data analysis sufficiently rigorous?**<br>Yes.<br><br>**Q9: Is there a clear statement of findings?**<br>Yes.<br><br>**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**<br>Yes.<br><br>**Overall methodological limitations**<br>Minor. |

*ACT: assertive community treatment; CRM: collaborative recovery model; IMR: illness management and recovery; IPS: individual placement and support; M/F: male/female; NR: not reported; RCT: randomised controlled trial; SD: standard deviation; SMI: serious mental illness*

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## Appendix E – Theme maps

**Theme maps for: 4.2 What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?**

**Figure 2: Theme map**

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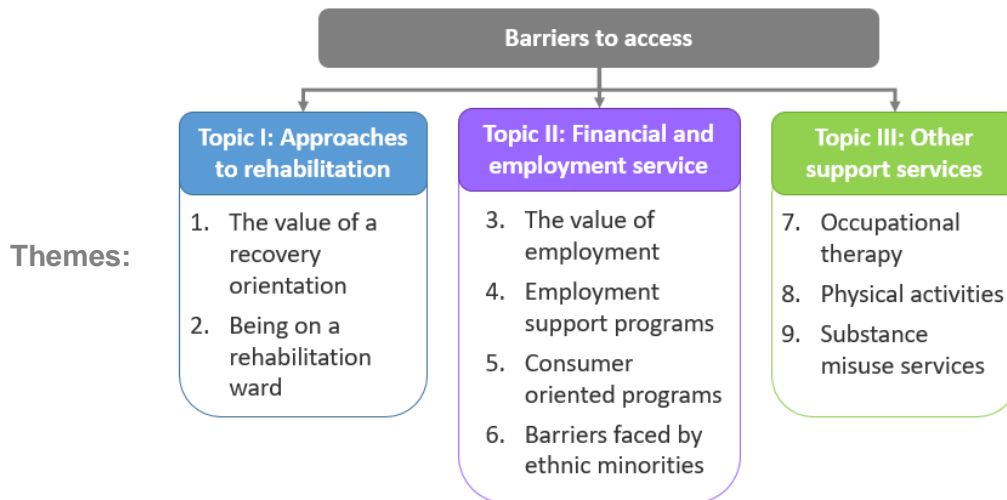
# Appendix F – GRADE CERQual tables

**GRADE CERQual tables for: 4.2 What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?**

**Table 5: Summary of evidence (GRADE-CERQual), Topic I. Approaches to rehabilitation**

| Study information | | | CERQUAL Quality Assessment | | | | |
|---|---|---|---|---|---|---|---|
| Number of studies | Design | Description of Theme or Finding | Methodological Limitations | Coherence of findings | Applicability of evidence | Adequacy of Data | Overall Confidence |
| **Theme 1) The value of a recovery orientation within services** | | | | | | | |
| 1 study: van Langen (2016) | 1 open interviews | People with complex psychosis and related severe mental health conditions value a recovery-orientated service. Goal setting, practical management skills learning, and the availability of psychoeducative resources (for example on stress or medication) were the main elements that helped them feel like they were progressing towards greater stability and independence. | Minor concerns | Minor concerns | Moderate concerns[1] | Serious concerns[2] | LOW |
| 2 studies: Marshall (2010); van Langen (2016) | 1 open interviews, 1 focus groups | People with complex psychosis and related severe mental health conditions value when recovery orientation approaches and techniques are well explained and accessible to them. The staff should explain clearly what recovery is and how they will be supported in their recovery. Information, resources and tools used by practitioners to promote recovery should be well structured with user-friendly language. Heavy amounts of reading and terms like 'homework' should be avoided. | Very minor concerns | Minor concerns | Moderate concerns[1] | Moderate concerns[3] | LOW |

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| Study information | | Description of Theme or Finding | CERQUAL Quality Assessment | | | | |
|---|---|---|---|---|---|---|---|
| Number of studies | Design | | Methodological Limitations | Coherence of findings | Applicability of evidence | Adequacy of Data | Overall Confidence |
| 1 study: van Langen (2016) | 1 open interviews | People with complex psychosis and related severe mental health conditions value peers as part of the recovery oriented process. Having others that understand them and can share their experiences and stories was helpful, and made them feel less isolated. | Minor concerns | Very minor concerns | Moderate concerns[1] | Serious concerns[2] | LOW |
| 1 study: Marshall (2010) | 1 focus groups | People with complex psychosis and related severe mental health conditions value a recovery-oriented service that recognises that sometimes their recovery process may be disrupted by fluctuations in their illness. | Minor concerns | Minor concerns | Moderate concerns[1] | Serious concerns[2] | LOW |
| 1 study: Marshall (2010) | 1 focus groups | People with complex psychosis and related severe mental health conditions expressed the importance and value of a recovery oriented service where all staff were on board. If parts of the team weren't well trained or supported to implement a recovery orientation then the process could slip. | Minor concerns | Minor concerns | Moderate concerns[1] | Serious concerns[2] | LOW |
| **Theme 2) Being on a rehabilitation ward** | | | | | | | |
| 1 study: Killaspy (2017) | 1 unspecified interviews | People with complex psychosis and related severe mental health conditions expressed that they were glad to move to a rehabilitative ward from an acute ward. They experienced a lot more freedom and opportunity to try new activities and to do things for themselves. | Moderate concerns[4] | Minor concerns | Very minor concerns | Serious concerns[2] | LOW |
| 1 study: Killaspy (2017) | 1 unspecified interviews | Some people with complex psychosis and related severe mental health conditions | Moderate concerns[4] | Moderate concerns[5] | Very minor concerns | Serious concerns[2] | VERY LOW |

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| Study information | | | CERQUAL Quality Assessment | | | | |
|---|---|---|---|---|---|---|---|
| Number of studies | Design | Description of Theme or Finding | Methodological Limitations | Coherence of findings | Applicability of evidence | Adequacy of Data | Overall Confidence |
| | | expressed that they valued having a range of activities available at their rehabilitation unit, and being prompted a little to utilise them. However some also emphasised the importance that they shouldn't feel pushed to do activities. They reported that the types of activities that they wanted to engage in change over time with their recovery. | | | | | |
| 1 study: Berry (2017) | 1 semi-structured interviews | Regular psychological formulation sessions for frontline staff encourage more open and encouraging interactions, improving the experiences of service users. Sessions should facilitate staff to evaluate and discuss service users' difficulties collaboratively and form recovery oriented plans. | Minor concerns | Minor concerns | Very minor concerns | Serious concerns[2] | LOW |

*1 Evidence downgraded by 1 due to applicability of evidence, as there were no UK studies included, and not 3 or more countries studied*
*2 Evidence was downgraded by 2 due to adequacy of data, as only one study supported the review's findings (offering poor data)*
*3 Evidence was downgraded by 1 due to adequacy of data, as only two studies supported the review's findings (offering thin data)*
*4 Downgraded following CASP assessment, where a single study with moderate limitations was used, or where at least half of studies used had serious limitations*
*5 Evidence was downgraded 1 due to incoherence of findings, as the construct contained contradictions and divergence of experiences, without enough detail to explain why.*

**Table 6:  Summary of evidence (GRADE-CERQual), Topic II. Financial and employment support**

| Study information | | | CERQUAL Quality Assessment | | | | |
|---|---|---|---|---|---|---|---|
| Number of studies | Design | Description of Theme or Finding | Methodological Limitations | Coherence of findings | Applicability of evidence | Adequacy of Data | Overall Confidence |
| **Theme 3) The value of employment** | | | | | | | |
| 4 studies: Gahnstrom-Strandqvist (2003); | 3 semi-structured interviews, 1 Interviews and field observations | People with complex psychosis and related severe mental health conditions value having employment because it brings | Minor concerns | Minor concerns | Very minor concerns | Very minor concerns | HIGH |

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| Study information | | | CERQUAL Quality Assessment | | | | |
|---|---|---|---|---|---|---|---|
| Number of studies | Design | Description of Theme or Finding | Methodological Limitations | Coherence of findings | Applicability of evidence | Adequacy of Data | Overall Confidence |
| Kennedy-Jones (2005); Panczak (2016); Boycott (2015) | | structure and meaning to their day. | | | | | |
| 4 studies: Coniglio (2010); Gahnstrom-Strandqvist (2003); Kennedy-Jones (2005); Koletsi (2009) | 3 semi-structured interviews, 1 Interviews and field observations | People with complex psychosis and related severe mental health conditions value having employment because it gives them a new identity as someone that has competence, purpose and something to contribute. | Minor concerns | Minor concerns | Minor concerns | Very minor concerns | HIGH |
| 1 study: Panczak (2016) | 1 semi-structured interviews | People with complex psychosis and related severe mental health conditions value having employment because of the financial gratification. They also appreciate the chance to develop money management skills. | Moderate concerns[3] | Minor concerns | Moderate concerns[1] | Serious concerns[2] | VERY LOW |
| **Theme 4) Employment support programs (for example individual placement support or vocational support)** | | | | | | | |
| 2 studies: Liu (2007); Boycott (2015) | 2 semi-structured interview | People with complex psychosis and related severe mental health conditions value the practical resources that employment support programs can offer them. This includes access to computers and information resources, connections with employers, insight about suitable opportunities, and support to prepare and distribute CVs and attend interviews. | Moderate concerns[3] | Minor concerns | Minor concerns | Moderate concerns[4] | LOW |

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| Study information | | Description of Theme or Finding | CERQUAL Quality Assessment | | | | |
|---|---|---|---|---|---|---|---|
| Number of studies | Design | | Methodological Limitations | Coherence of findings | Applicability of evidence | Adequacy of Data | Overall Confidence |
| 4 studies: Koletsi (2009); Liu (2007); Kennedy-Jones (2005); Boycott (2015) | 4 semi-structured interviews | People with complex psychosis and related severe mental health conditions value receiving individualised support and encouragement. They were glad to have someone take an interest in them, treat them as capable and gently push them. | Minor concerns | Minor concerns | Very minor concerns | Minor concerns | HIGH |
| 2 studies: Dunn (2010); Liu (2007) | 2 semi-structured interview | People with complex psychosis and related severe mental health conditions value having mental health professionals such as case workers that are prepared to advocate for them. | Minor concerns | Minor concerns | Moderate concerns[1] | Moderate concerns[4] | LOW |
| 2 study: Koletsi (2009); Luciano (2014) | 2 semi-structured interview | People with complex psychosis and related severe mental health conditions value having their skills and interests taken into account where possible when looking for employment. | Minor concerns | Minor concerns | Moderate concerns[1] | Moderate concerns[4] | LOW |
| 2 studies: Koletsi (2009); Liu (2007) | 2 semi-structured interview | People with complex psychosis and related severe mental health conditions value having a support worker offer to support them when talking with employers and management, although in other cases they may prefer not to disclose that they have a condition requiring support. | Minor concerns | Minor concerns | Moderate concerns[1] | Moderate concerns[4] | LOW |
| 3 studies: Coniglio (2010); Liu (2007); Panczak (2016) | 3 semi-structured interview | In an employment program people with complex psychosis and related severe mental health conditions value seeing and meeting others in a similar situation to them to share skills, experiences and support each other. | Minor concerns | Minor concerns | Minor concerns | Minor concerns | MODERATE |
| **Theme 5) Consumer-oriented employment programmes (for example clubhouse model, vocational development centres, social working cooperatives)** | | | | | | | |

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| Study information | | Description of Theme or Finding | CERQUAL Quality Assessment | | | | |
|---|---|---|---|---|---|---|---|
| Number of studies | Design | | Methodological Limitations | Coherence of findings | Applicability of evidence | Adequacy of Data | Overall Confidence |
| 2 studies: Dunn (2010); Gahnstrom-Strandqvist (2003) | 1 semi-structured interviews, 1 Interviews and field observations | People with complex psychosis and related severe mental health conditions value joining a consumer-oriented employment program to gain experience and confidence in preparation for open employment when they are ready. | Minor concerns | Very minor concerns | Moderate concerns[1] | Moderate concerns[4] | LOW |
| 5 studies: Coniglio (2010); Dunn (2010); Gahnstrom-Strandqvist (2003); Kennedy-Jones (2005); Panczak (2016) | 4 semi-structured interviews, 1 Interviews and field observations | People with complex psychosis and related severe mental health conditions value being employed in a consumer-oriented program as they feel their problems are understood and the program offers flexibility to respond to any fluctuations in their mental health. | Minor concerns | Minor concerns | Minor concerns | Very minor concerns | HIGH |
| 2 studies: Coniglio (2010); Gahnstrom-Strandqvist (2003) | 1 semi-structured interviews, 1 Interviews and field observations | People with complex psychosis and related severe mental health conditions value the particular sense of community and belonging that comes with being employed within a consumer-oriented program. | Minor concerns | Very minor concerns | Moderate concerns[1] | Moderate concerns[4] | LOW |
| 4 studies: Gahnstrom-Strandqvist (2003); Coniglio (2010); Kennedy-Jones (2005); Panczak (2016) | 3 semi-structured interviews, 1 Interviews and field observations | People with complex psychosis and related severe mental health conditions value the abundance of additional social activities that come along with membership in a clubhouse style program. | Minor concerns | Minor concerns | Minor concerns | Minor concerns | HIGH |

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| Study information | | Description of Theme or Finding | CERQUAL Quality Assessment | | | | |
|---|---|---|---|---|---|---|---|
| Number of studies | Design | | Methodological Limitations | Coherence of findings | Applicability of evidence | Adequacy of Data | Overall Confidence |
| 2 studies: Coniglio (2010) Panczak (2016) | 2 semi-structured interview | People with complex psychosis and related severe mental health conditions experienced some difficulties with this type of rehabilitative program. These were conflict resolution issues that arose or else becoming too involved with other people's struggles when they already had their own. | Minor concerns | Minor concerns | Moderate concerns[1] | Moderate concerns[4] | LOW |
| 1 study: Chung (2016) | 1 semi-structured interviews | Families of people with complex psychosis and related severe mental health conditions value the positive changes that clubhouse membership brings to their loved-ones. These changes include a happier outlook on life, more motivation to look after themselves, being more socially engaged, and demonstrating fewer symptoms and problematic behaviours. They also noted their loved one's increased autonomy and growing interest in new hobbies and activities, or employment and education. | Moderate concerns[3] | Minor concerns | Moderate concerns[1] | Serious concerns[2] | VERY LOW |
| Theme 6) Barriers faced by ethnic minorities seeking employment | | | | | | | |
| 1 study: Pooremamal i (2017) | 1 unspecified interviews | People from black and minority ethnic groups with complex psychosis and related severe mental health conditions value an employment service that addresses both types of stigma that they face. For example, in relation to language and communication needs, plus understanding and meeting cultural norms and expectations. They feel under-represented and | Moderate concerns[3] | Minor concerns | Moderate concerns[1] | Serious concerns[2] | VERY LOW |

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| Study information | | Description of Theme or Finding | CERQUAL Quality Assessment | | | | |
|---|---|---|---|---|---|---|---|
| Number of studies | Design | | Methodological Limitations | Coherence of findings | Applicability of evidence | Adequacy of Data | Overall Confidence |
| | | they want services to recognise that they face an intersection of two types of stigma in society. | | | | | |

1 Evidence downgraded by 1 due to applicability of evidence, as there were no UK studies included, and not 3 or more countries studied
2 Evidence was downgraded by 2 due to adequacy of data, as only one study supported the review's findings (offering poor data)
3 Downgraded following CASP assessment, where a single study with moderate limitations was used, or where at least half of studies used had serious limitations
4 Evidence was downgraded by 1 due to adequacy of data, as only two studies supported the review's findings (offering thin data)

**Table 7:   Summary of evidence (GRADE-CERQual), Topic III. Other support services**

| Study information | | Description of Theme or Finding | CERQUAL Quality Assessment | | | | |
|---|---|---|---|---|---|---|---|
| Number of studies | Design | | Methodological Limitations | Coherence of findings | Applicability of evidence | Adequacy of Data | Overall Confidence |
| **Theme 7) Occupational therapy** | | | | | | | |
| 1 study: Lindstrom (2013) | 1 informal interviews and field observations | People with complex psychosis and related severe mental health conditions value occupational therapy because it helps them to gain confidence to help themselves through gentle prompts and practical advice. They report greater confidence, hope and other psychological benefits from being able to achieve specific goals, as well as a reinstatement of their 'old selves' before illness, and a sense of re-joining the 'outside world' instead of remaining isolated or dependent. | Minor concerns | Minor concerns | Moderate concerns[1] | Serious concerns[2] | LOW |
| **Theme 8) Physical activities** | | | | | | | |
| 1 study: Huck (2018) | 1 focus groups | People with complex psychosis and related severe mental health conditions value that Assertive Community Treatment programs promote and support them to engage in physical activity. They | Minor concerns | Minor concerns | Moderate concerns[1] | Serious concerns[2] | VERY LOW |

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| Study information | | Description of Theme or Finding | CERQUAL Quality Assessment | | | | |
|---|---|---|---|---|---|---|---|
| Number of studies | Design | | Methodological Limitations | Coherence of findings | Applicability of evidence | Adequacy of Data | Overall Confidence |
| | | appreciate receiving information on the value of physical activity to their recovery and health in general and practical help (such as transport) to access physical activities. | | | | | |
| 2 studies: Huck (2018); Cullen (2015) | 1 focus groups, 1 semi-structured interviews | People with complex psychosis and related severe mental health conditions value physical activity. They feel that it is good for both their physical and mental health, and provides a distraction from their mental health problems. It also helps them to socialize and find support and acceptance within a group. | Minor concerns | Very minor concerns | Moderate concerns[1] | Moderate Concerns[3] | LOW |
| **Theme 9) Substance misuse services** | | | | | | | |
| 1 study: Maisto (1999) | 1 focus groups | People with a dual diagnosis value the support they get from having an individual therapist. They appreciate the therapist pushing and prompting them, and the therapeutic relationship they build with their therapist helps to motivate them as they don't want to let them down. Having a therapist available to call by telephone was also helpful. | Moderate concerns[4] | Minor concerns | Moderate concerns[1] | Serious concerns[2] | VERY LOW |
| 2 studies: Maisto (1999); Luciano (2014) | 1 focus groups, 1 semi-structured interviews | People with a dual diagnosis value that group therapies or twelve-step programs give them structure, goals and a place to be. They especially value that they provide peers that make them feel less alone. | Minor concerns | Minor concerns | Moderate concerns[1] | Moderate Concerns[3] | LOW |
| 1 study: Maisto (1999) | 1 focus groups | Some people with a dual diagnosis value that twelve-step programs included an emphasis on a higher power. They value | Moderate concerns[4] | Minor concerns | Moderate concerns[1] | Serious concerns[2] | VERY LOW |

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| Study information | | | CERQUAL Quality Assessment | | | | |
|---|---|---|---|---|---|---|---|
| **Number of studies** | **Design** | **Description of Theme or Finding** | **Methodological Limitations** | **Coherence of findings** | **Applicability of evidence** | **Adequacy of Data** | **Overall Confidence** |
| | | how the program recognizes their accomplishments, for example with a medallion for sobriety. | | | | | |
| 1 study: Maisto (1999) | 1 focus groups | People with a dual diagnosis value that rehabilitation programs for substance misuse take them away from their usual social context as this reduces the availability and temptation to use substances. | Moderate concerns[4] | Minor concerns | Moderate concerns[1] | Serious concerns[2] | VERY LOW |
| 1 study: Maisto (1999) | 1 focus groups | People with a dual diagnosis value the psychoeducational components (information and insights) present in all types of therapy. | Moderate concerns[4] | Minor concerns | Moderate concerns[1] | Serious concerns[2] | VERY LOW |
| 1 study: Mancini (2013) | 1 semi-structured interview | People with a dual diagnosis value an approach to treatment where support is unconditional (harm reduction). People often avoided programs that have a requirement to be clean/sober in order to receive support as they felt that if they did become clean/sober this wasn't out of choice/self-determination and was less likely to succeed. Unconditional support meant they could be as safe as possible until they were able to choose to address the substance abuse. Support needed to be persistent with an emphasis on education and practical guidance to stop – without this it could send the wrong message that services don't care about substance misuse occurrence at all. | Minor concerns | Minor concerns | Moderate concerns[1] | Serious concerns[2] | LOW |

*1 Evidence downgraded by 1 due to applicability of evidence, as there were no UK studies included, and not 3 or more countries studied*
*2 Evidence was downgraded by 2 due to adequacy of data, as only one study supported the review's findings (offering poor data)*

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*3 Evidence was downgraded by 1 due to adequacy of data, as only two studies supported the review's findings (offering thin data)*
*4 Downgraded following CASP assessment, where a single study with moderate limitations was used, or where at least half of studies used had serious limitations*

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# Appendix G – Economic evidence study selection

**Economic evidence study selection for review question 4.2: What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?**

A global health economic literature search was undertaken, covering all review questions in this guideline. However, as shown in Figure 3, no evidence was identified which was applicable to review question for 4.1.

**Figure 3: Health economic study selection flow chart**

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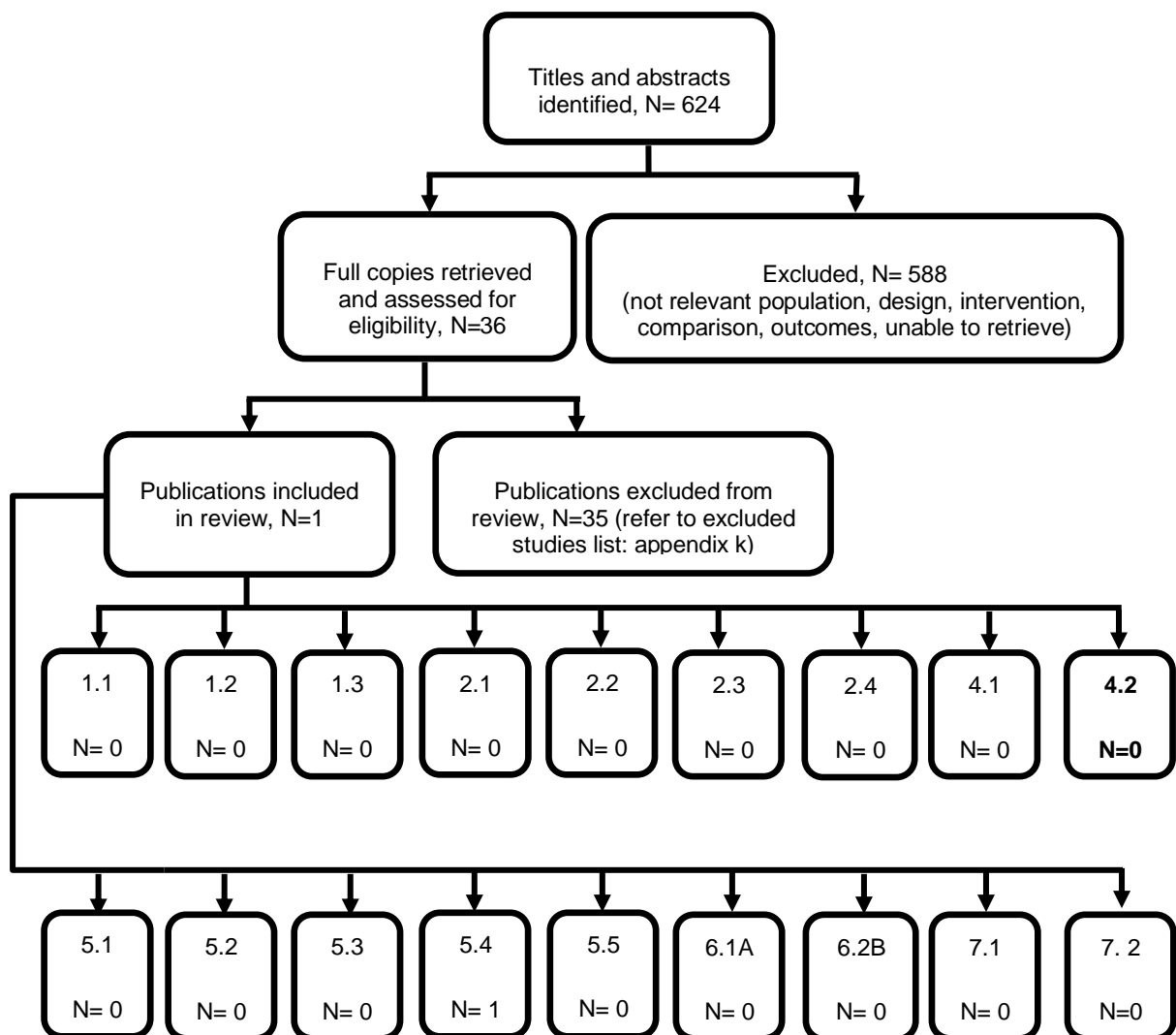
# Appendix H – Economic evidence tables

**Economic evidence tables for review question 4.2: What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?**

No evidence was identified which was applicable to this review question.

# Appendix I – Health economic evidence profiles

**Economic evidence profiles for review question 4.2: What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?**

No evidence was identified which was applicable to this review question.

# Appendix J – Health economic analysis

**Economic evidence analysis for review question 4.2: What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?**

No economic analysis was conducted for this review question.

# Appendix K – Excluded studies

**Excluded studies for: 4.2 What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?**

## Table 8: Clinical studies

| Study | Reason for Exclusion |
|-------|----------------------|
| Abbott, Temeka L., Caregiver's perception of services that contribute to the optimal experience of mentally ill older adults in mental health day programs, Dissertation Abstracts International: Section B: The Sciences and Engineering, 79, No Pagination Specified, 2018 | Dissertation abstract, excluded according to the protocol |
| Ackerson, Barry J., Factors influencing life satisfaction in psychiatric rehabilitation, Psychiatric rehabilitation journal, 23, 253-261, 2000 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Alexander, Michelle M., The experiences of people with psychiatric disabilities in disability income and employment support programs, Dissertation Abstracts International Section A: Humanities and Social Sciences, 68, 2654, 2007 | Dissertation abstract, excluded according to the protocol |
| Allen, J., Burbach, F., Reibstein, J., 'A different world' individuals' experience of an integrated family intervention for psychosis and its contribution to recovery, Psychology & Psychotherapy: Theory, Research & Practice, 86, 212-28, 2013 | Intervention only rather than service approach |
| Alverson, H., Carpenter, E., Drake, R. E., An ethnographic study of job seeking among people with severe mental illness, Psychiatric rehabilitation journal, 30, 15â€¢ 22, 2006 | Did not ask about how they valued an approach |
| Alverson, Hoyt, Vicente, Eduardo, An ethnographic study of vocational rehabilitation for Puerto Rican Americans with severe mental illness, Psychiatric rehabilitation journal, 22, 69-72, 1998 | Sample's diagnoses not clear |
| Alverson, Marianne, Becker, Deborah R., Drake, Robert E., An ethnographic study of coping strategies used by people with severe mental illness participating in supported employment, Psychosocial Rehabilitation Journal, 18, 115-128, 1995 | Sample's diagnoses not clear |
| Antonietta, B. M., Cristina, S., Mental health and CAM: An opportunity to increase the perception of cure efficiency, European Journal of Integrative Medicine, 1), 82, 2012 | Conference abstract |
| Argentzell, E., Hakansson, C., Eklund, M., Experience of meaning in everyday occupations among unemployed people with severe mental illness, Scandinavian journal of occupational therapy, 19, 49-58, 2012 | Sample did not receive rehabilitation |
| Aschbrenner, K. A., Naslund, J. A., Bartels, S. J., A mixed methods study of peer-to-peer support in a group-based lifestyle intervention for adults with serious mental illness, Psychiatric rehabilitation journal, 39, 328-334, 2016 | Sample's diagnoses not >66% psychosis |
| Aschbrenner, K., Bartels, S., Mueser, K., Carpenter-Song, E., Kinney, A., Consumer perspectives on involving family and significant others in a healthy lifestyle intervention, Health and Social Work, 37, 207-215, 2012 | Did not ask about a rehabilitation service they had received |
| Ascher-Svanum, H., Lafuze, J. E., Barrickman, P. J., Van Dusen, C., Fompa-Loy, J., Educational needs of families of mentally ill adults, Psychiatric Services, 48, 1072-4, 1997 | Not a relevant study design: not a semi-structured or structured |

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| Study | Reason for Exclusion |
|---|---|
| | interview, focus group or mixed methods study. |
| Ash, D., Suetani, S., Halpin, M., Burton, C., The role of consumer feedback in shaping recovery services for agitated psychotic people, Schizophrenia Research, 1), S285-S286, 2014 | Conference abstract |
| Ash, D., Suetani, S., Nair, J., Halpin, M., Recovery-based services in a psychiatric intensive care unit - the consumer perspective, Australasian Psychiatry, 23, 524-7, 2015 | Focus on acute care |
| Aston, V., Coffey, M., Recovery: What mental health nurses and service users say about the concept of recovery, Journal of Psychiatric and Mental Health Nursing, 19, 257-263, 2012 | Sample's diagnoses not clear |
| Baines, S., Edwards, J., A constructivist grounded theory research project studying music therapy as an anti-oppressive practice in long-term and psychiatric residential care, Arts in Psychotherapy, 60, 1-8, 2018 | Sample's diagnoses not clear |
| Baker, Susan, Determining appropriate outcome measures in a psychosocial rehabilitation model for the mentally ill: A knowledgeable citizens' perspective, Dissertation Abstracts International: Section B: The Sciences and Engineering, 73, No Pagination Specified, 2013 | Dissertation abstract, excluded according to the protocol |
| Barley, E., Robinson, S., Sikorski, J., Primary-care based participatory rehabilitation: Users' views of a horticultural and arts project, British Journal of General Practice, 62, e127-e134, 2012 | Sample's diagnoses not >66% psychosis |
| Baron, Richard C., Salzer, Mark S., The career patterns of persons with serious mental illness: Generating a new vision of lifetime careers for those in recovery, Psychiatric Rehabilitation Skills, 4, 136-156, 2000 | Sample's diagnoses not clear |
| Barrett, B., Young, M. S., Teague, G. B., Winarski, J. T., Moore, K. A., Ochshorn, E., Recovery orientation of treatment, consumer empowerment, and satisfaction with services: a mediational model, Psychiatric rehabilitation journal, 34, 153-156, 2010 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Barton, Emma J., Movement and mindfulness: A formative evaluation of a dance/movement and yoga therapy program with participants experiencing severe mental illness, American Journal of Dance Therapy, 33, 157-181, 2011 | Sample's diagnoses not clear |
| Bassett, H., Lloyd, C., King, R., Food Cent$: Educating mothers with a mental illness about nutrition, British Journal of Occupational Therapy, 66, 369-375, 2003 | Sample's diagnoses not clear |
| Bassi, M., Ferrario, N., Ba, G., Delle Fave, A., Vigano, C., Quality of experience during psychosocial rehabilitation: a real-time investigation with experience sampling method, Psychiatric rehabilitation journal, 35, 447-453, 2012 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Beasley, Joan Birnberg, Coordinated community mental health care for individuals with mental illness and mental retardation: Four years of service outcomes and retrospective family caregiver service experiences, Dissertation Abstracts International: Section B: The Sciences and Engineering, 61, 1863, 2000 | Dissertation abstract, excluded according to the protocol |
| Beck, A., Assessing the therapeutic impact of a community group on a secure hospital ward, Medicine, science, and the law, 42, 300-308, 2002 | Sample's diagnoses not >66% psychosis |

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| Study | Reason for Exclusion |
|---|---|
| Becker, D., Whitley, R., Bailey, E. L., Drake, R. E., Long-term employment trajectories among participants with severe mental illness in supported employment, Psychiatric Services, 58, 922-8, 2007 | Did not ask about how they valued an approach |
| Beebe, Lora H., Walking tall: A person with schizophrenia on a journey to better health, Journal of Psychosocial Nursing and Mental Health Services, 44, 53-55, 2006 | Case study only |
| Beehler, S., Clark, J. A., Eisen, S. V., Participant experiences in peer- and clinician-facilitated mental health recovery groups for veterans, Psychiatric rehabilitation journal, 37, 43-50, 2014 | Sample's diagnoses not clear |
| Bell, M. D., Weinstein, A., Computer-based simulated job interview training for vocational rehabilitation: Feasibility and tolerability, Schizophrenia Bulletin, 1), 259, 2011 | Conference abstract |
| Bell, M. D., Weinstein, A., Simulated job interview skill training for people with psychiatric disability: Feasibility and tolerability of virtual reality training, Schizophrenia Bulletin, 37, S91-S97, 2011 | Investigating an intervention, not a rehabilitation service |
| Bennewith, O., Evans, J., Donovan, J., Paramasivan, S., Owen-Smith, A., Hollingworth, W., Davies, R., O'Connor, S., Hawton, K., Kapur, N., Gunnell, D., A contact-based intervention for people recently discharged from inpatient psychiatric care: a pilot study, Archives of suicide research : official journal of the International Academy for Suicide Research, 18, 131-143, 2014 | Sample's diagnoses not >66% psychosis |
| Berry, Katherine, Purandare, Nitin, Drake, Richard, Elmsley, Richard, Jones, Lisa, Barrowclough, Christine, A mixed-methods evaluation of a pilot psychosocial intervention group for older people with schizophrenia, Behavioural and cognitive psychotherapy, 42, 199-210, 2014 | Intervention only rather than service approach |
| Bigelow, D. A., McFarland, B. H., Gareau, M. J., Young, D. J., Implementation and effectiveness of a bed reduction project, Community Mental Health Journal, 27, 125-33, 1991 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Bizub, A. L., Joy, A., Davidson, L., "It's like being in another world": Demonstrating the benefits of therapeutic horseback riding for individuals with psychiatric disability, Psychiatric rehabilitation journal, 26, 377-384, 2003 | Intervention only rather than service approach |
| Bjorkedal, S. T., Torsting, A. M., Moller, T., Rewarding yet demanding: client perspectives on enabling occupations during early stages of recovery from schizophrenia, Scandinavian journal of occupational therapy, 23, 97-106, 2016 | Not population of interest, early stages of recovery |
| Blank, A., Harries, P., Reynolds, F., The meaning and experience of work in the context of severe and enduring mental health problems: an interpretative phenomenological analysis, Work (Reading, Mass.), 45, 299-304, 2013 | Case study only |
| Bogomolova, S., Zarnowiecki, D., Wilson, A., Fielder, A., Procter, N., Itsiopoulos, C., O'Dea, K., Strachan, J., Ballestrin, M., Champion, A., Parletta, N., Dietary intervention for people with mental illness in South Australia, Health promotion international, 33, 71-83, 2018 | Intervention only rather than service approach |
| Boone, Ellen Christina, A qualitative investigation of the process of recovery in people experiencing schizophrenia, Dissertation Abstracts International: Section B: The Sciences and Engineering, 57, 3402, 1996 | Dissertation abstract, excluded according to the protocol |
| Brand, U., Mental health care in Germany: Carers' perspectives, Acta Psychiatrica Scandinavica, Supplement, 104, 35-40, 2001 | Not a relevant study design: not a semi- |

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| Study | Reason for Exclusion |
|---|---|
| | structured or structured interview, focus group or mixed methods study. |
| Briand, Catherine, Sablier, Juliette, Therrien, Julie-Anne, Charbonneau, Karine, Pelletier, Jean-Francois, Weiss-Lambrou, Rhoda, Use of a mobile device in mental health rehabilitation: A clinical and comprehensive analysis of 11 cases, Neuropsychological Rehabilitation, 28, 832-863, 2018 | Sample's diagnoses not clear |
| Brinchmann, B., Lorentsen, O., Early intervention: Integrating vocational and medical rehabilitation during admittance in a mental health institution. A study in a rural part of North-Norway, Early Intervention in Psychiatry, 6 (SUPPL.1), 111, 2012 | Conference abstract |
| Brousselle, A., Lamothe, L., Sylvain, C., Foro, A., Perreault, M., Integrating services for patients with mental and substance use disorders: What matters?, Health care management review, 35, 212-223, 2010 | Sample's diagnoses not clear |
| Brown, L. F., Davis, L. W., Larocco, V. A., Strasburger, A., Participant perspectives on mindfulness meditation training for anxiety in schizophrenia, American Journal of Psychiatric Rehabilitation, 13, 224-242, 2010 | Intervention only rather than service approach |
| Bryce, Shayden, Warren, Narelle, Ponsford, Jennie, Rossell, Susan, Lee, Stuart, Understanding the lived experience of cognitive remediation in schizophrenia: A qualitative comparison with an active control, Psychiatric rehabilitation journal, No Pagination Specified, 2018 | Intervention only rather than service approach |
| Bybee, Deborah, Bellamy, Chyrell, Mowbray, Carol T., Analysis of participation in an innovative psychiatric rehabilitation intervention: Supported education, Evaluation and Program Planning, 23, 41-52, 2000 | Sample's diagnoses not clear |
| Cameron, J., Walker, C., Hart, A., Sadlo, G., Haslam, I., Retain Support, Group, Supporting workers with mental health problems to retain employment: users' experiences of a UK job retention project, Work (Reading, Mass.), 42, 461-471, 2012 | Sample's diagnoses not clear |
| Carpenter-Song, E. A., Holcombe, B. D., Torrey, J., Hipolito, M. M., Peterson, L. D., Recovery in a family context: experiences of mothers with serious mental illnesses, Psychiatric rehabilitation journal, 37, 162-169, 2014 | Sample's diagnoses not >66% psychosis |
| Chadwick, P. K., Recovery from psychosis: Learning more from patients, Journal of Mental Health, 6, 577-588, 1997 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Chang, C. F., Kiser, L. J., Bailey, J. E., Martins, M., Gibson, W. C., Schaberg, K. A., Mirvis, D. M., Applegate, W. B., Tennessee's failed managed care program for mental health and substance abuse services, JAMA, 279, 864-9, 1998 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Chen, F., Developing community support for homeless people with mental illness in transition, Community Mental Health Journal, 50, 520-530, 2014 | Sample's diagnoses not clear |
| Chen, F. P., Greenberg, J. S., A positive aspect of caregiving: the influence of social support on caregiving gains for family members of | Not a relevant study design: not a semi-structured or structured |

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| Study | Reason for Exclusion |
|---|---|
| relatives with schizophrenia, Community Mental Health Journal, 40, 423-35, 2004 | interview, focus group or mixed methods study. |
| Chen, Fang-pei, Building a working community: Staff practices in a clubhouse for people with severe mental illness, Administration and Policy in Mental Health and Mental Health Services Research, 44, 651-663, 2017 | Sample's diagnoses not clear |
| Chopra, P., Herrman, H. E., The long-term outcomes and unmet needs of a cohort of former long-stay patients in Melbourne, Australia, Community Mental Health Journal, 47, 531-541, 2011 | Initial cohort were long-term treatment patients, not rehabilitation patients |
| Church, Lisiane A., The effect of family psychoeducational therapy and social skills training on burden, coping skills and social support of caregivers of patients diagnosed with schizophrenia and/or schizoaffective disorder, Dissertation Abstracts International Section A: Humanities and Social Sciences, 66, 2383, 2005 | Dissertation abstract, excluded according to the protocol |
| Citron, T., Brooks-Lane, N., Crandell, D., Brady, K., Cooper, M., Revell, G., A revolution in the employment process of individuals with disabilities: Customized employment as the catalyst for system change, Journal of Vocational Rehabilitation, 28, 169-179, 2008 | Sample's diagnoses not >66% psychosis |
| Cohen, M. J., Becker, D. R., Family advocacy for the IPS supported employment project: accomplishments and challenges, Psychiatric rehabilitation journal, 37, 148-150, 2014 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Comtois, G., Morin, C., Lesage, A., Lalonde, P., Likavcanova, E., L'Ecuyer, G., Patients versus rehabilitation practitioners: A comparison of assessments of needs for care, Canadian Journal of Psychiatry, 43, 159-165, 1998 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Connelly, L. M., Keele, B. S., Kleinbeck, S. V., Schneider, J. K., Cobb, A. K., A place to be yourself: empowerment from the client's perspective, Image--the journal of nursing scholarship, 25, 297-303, 1993 | Sample's diagnoses not clear |
| Cook, J. A., Morrow, M., Battersby, L., Intersectional policy analysis of self-directed mental health care in Canada, Psychiatric rehabilitation journal, 40, 244-251, 2017 | Sample's diagnoses not clear |
| Cook, J. A., Shore, S. E., Burke-Miller, J. K., Jonikas, J. A., Ferrara, M., Colegrove, S., Norris, W. T., Ruckdeschel, B., Batteiger, A. P., Ohrtman, M., Grey, D. D., Hicks, M. E., Participatory action research to establish self-directed care for mental health recovery in Texas, Psychiatric rehabilitation journal, 34, 137-144, 2010 | Sample's diagnoses not >66% psychosis |
| Coombes, Kate, Haracz, Kirsti, Robson, Emma, James, Carole, Pushing through: Mental health consumers' experiences of an individual placement and support employment programme, The British Journal of Occupational Therapy, 79, 651-659, 2016 | Sample's diagnoses not clear |
| Corrigan, P. W., Slopen, N., Gracia, G., Phelan, S., Keogh, C. B., Keck, L., Some recovery processes in mutual-help groups for persons with mental illness; II: qualitative analysis of participant interviews, Community Mental Health Journal, 41, 721-35, 2005 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Corring, D. J., Cook, J. V., Client-centred care means that I am a valued human being, Canadian Journal of Occupational Therapy - Revue Canadienne d Ergotherapie, 66, 71-82, 1999 | Sample's diagnoses not clear |

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| Study | Reason for Exclusion |
|---|---|
| Corring, D., Lundberg, E., Rudnick, A., Therapeutic horseback riding for ACT patients with schizophrenia, Community Mental Health Journal, 49, 121-126, 2013 | Investigating an intervention, not a rehabilitation service |
| Cowls, J., Hale, S., It's the activity that counts: what clients value in psycho-educational groups, Canadian Journal of Occupational Therapy - Revue Canadienne d Ergotherapie, 72, 176-82, 2005 | Sample's diagnoses not >66% psychosis |
| Cresswell, C. M., Kuipers, L., Power, M. J., Social networks and support in long-term psychiatric patients, Psychological medicine, 22, 1019-1026, 1992 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Crone, D., Guy, H., 'I know it is only exercise, but to me it is something that keeps me going': a qualitative approach to understanding mental health service users' experiences of sports therapy, International Journal of Mental Health Nursing, 17, 197-207, 2008 | Sample's diagnoses not clear |
| Cuddeback, G. S., Pettus-Davis, C., Scheyett, A., Consumers' perceptions of forensic assertive community treatment, Psychiatric rehabilitation journal, 35, 101-109, 2011 | Sample's diagnoses not >66% psychosis |
| Cunningham, K., Wolbert, R., Graziano, A., Slocum, J., Acceptance and change: The dialectic of recovery, Psychiatric rehabilitation journal, 29, 146-148, 2005 | Sample's diagnoses not clear |
| Dadich, A., Fisher, K. R., Muir, K., How can non-clinical case management complement clinical support for people with chronic mental illness residing in the community?, Psychology, health & medicine, 18, 482-489, 2013 | Sample's diagnoses not clear |
| Das, A., LGBTQ women and mental health "recovery", Psychiatric rehabilitation journal, 35, 474-475, 2012 | Sample's diagnoses not clear |
| Davidson, L., Haglund, K. E., Stayner, D. A., Rakfeldt, J., Chinman, M. J., Tebes, J. K., "It was just realizing... that life isn't one big horror": A qualitative study of supported socialization, Psychiatric rehabilitation journal, 24, 275-292, 2001 | Sample's diagnoses not >66% psychosis |
| Davidson, L., Hoge, M. A., Merrill, M. E., Rakfeldt, J., Griffith, E. E., The experiences of long-stay inpatients returning to the community, Psychiatry, 58, 122-32; discussion 133-5, 1995 | Sample did not receive rehabilitation |
| Davidson, L., Miller, R., Flanagan, E., What's in it for me? The utility of psychiatric treatments from the perspective of the person in recovery, Epidemiologia e Psichiatria Sociale, 17, 177-81, 2008 | Sample's diagnoses not clear |
| Davidson, L., Shaw, J., Welborn, S., Mahon, B., Sirota, M., Gilbo, P., McDermid, M., Fazio, J., Gilbert, C., Breetz, S., Pelletier, J. F., "I don't know how to find my way in the world": contributions of user-led research to transforming mental health practice, Psychiatry, 73, 101-13, 2010 | Sample's diagnoses not clear |
| Davidson, L., Strauss, J. S., Sense of self in recovery from severe mental illness, British Journal of Medical Psychology, 65, 131-145, 1992 | Sample's diagnoses not >66% psychosis |
| Davidson, Larry, Haglund, Karl E., Stayner, David A., Rakfeldt, Jaak, Chinman, Matthew J., Tebes, Jacob Kraemer, "It was Just Realizing...That Life Isn't One Big Horror": A Qualitative Study of Supported Socialization, 377-411, 2005 | Sample's diagnoses not >66% psychosis |
| Davis, K. E., O'Neill, S. J., A focus group analysis of relapse prevention strategies for persons with substance use and mental disorders, Psychiatric Services, 56, 1288-1291, 2005 | Did not ask about a rehabilitation service they had received |

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Rehabilitation in adults with complex psychosis and related severe mental health conditions: evidence review J: Rehabilitation approaches, care, support and treatment that are valued by recipients FINAL (August 2020)

Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| Davis, Kristin E., O'Neill, Sheila J., Special section on relapse prevention: A focus group analysis of relapse prevention strategies for persons with substance use and mental disorders, Psychiatric Services, 56, 1288-1291, 2005 | Duplicate |
| De Vecchi, N., Kenny, A., Kidd, S., Stakeholder views on a recovery-oriented psychiatric rehabilitation art therapy program in a rural Australian mental health service: A qualitative description, International Journal of Mental Health Systems, 9 (1) (no pagination), 2015 | Sample's diagnoses not clear |
| Dickerson, Faith B., Sommerville, Jewel L., Origoni, Andrea E., Mental Illness Stigma: An Impediment to Psychiatric Rehabilitation, Psychiatric Rehabilitation Skills, 6, 186-200, 2002 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Dickey, B., Ware, N. C., Risk Is Not a Four Letter Word: Social Integration and Developmental Growth, American Journal of Psychiatric Rehabilitation, 18, 363-376, 2015 | Sample's diagnoses not clear |
| DiFranco, E., Bressi, S. K., Salzer, M. S., Understanding consumer preferences for communication channels to create consumer-directed health promotion efforts in psychiatric rehabilitation settings, Psychiatric rehabilitation journal, 29, 251-257, 2006 | Sample's diagnoses not clear |
| Donnay, Jean-Marie, Richelle, Jacqueline, Psychosocial rehabilitation programs for psychotic patients: Expectations and prospects, International Journal of Mental Health, 25, 43-50, 1996 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Donnell, Chandra Monique, The clubhouse model in Michigan: A preliminary examination of individual and organizational characteristics associated with employment outcomes, Dissertation Abstracts International: Section B: The Sciences and Engineering, 62, 1311, 2001 | Dissertation abstract, excluded according to the protocol |
| Duff, C., Exploring the role of 'enabling places' in promoting recovery from mental illness: a qualitative test of a relational model, Health & place, 18, 1388-1395, 2012 | Sample not asked about rehabilitation service |
| Eklund, M., Rottpeter, J., Vikstrom, F., The meaning of psychosocial occupational therapy in a life-story perspective. A long-term follow-up of three cases, Occupational therapy international, 10, 185-206, 2003 | Sample's diagnoses not >66% psychosis |
| Elbogen, E. B., Bradford, D. W., Swartz, M. S., A recovery-oriented money management intervention, Psychiatric Services, 64, 99, 2013 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Erdner, A., Magnusson, A., Physical activities and their importance to the health of people with severe mental illness in Sweden, Issues in Mental Health Nursing, 33, 676-679, 2012 | Sample's diagnoses not clear |
| Erdner, A., Magnusson, A., Nystrom, M., Lutzen, K., Social and existential alienation experienced by people with long-term mental illness, Scandinavian Journal of Caring Sciences, 19, 373-380, 2005 | Sample's diagnoses not clear |
| Essen, C., Does individual placement and support really 'reflect client goals'?, Journal of Psychiatric & Mental Health Nursing, 19, 231-40, 2012 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |

Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| Every-Palmer, S., Huthwaite, M. A., Elmslie, J. L., Grant, E., Romans, S. E., Long-term psychiatric inpatients' perspectives on weight gain, body satisfaction, diet and physical activity: A mixed methods study 11 Medical and Health Sciences 1117 Public Health and Health Services, BMC Psychiatry, 18 (1) (no pagination), 2018 | Did not ask about a rehabilitation service they had received |
| Fakhoury, W. K. H., Priebe, S., Quraishi, M., Goals of new long-stay patients in supported housing: A UK study, International Journal of Social Psychiatry, 51, 45-54, 2005 | Did not ask about a rehabilitation service they had received |
| Ferreira-Correia, A., Barberis, T., Msimanga, L., Barriers to the implementation of a computer-based rehabilitation programme in two public psychiatric settings, South African Journal of Psychiatry, 24 (1) (no pagination), 2018 | Country (South Africa) |
| Fogarty, M., Happell, B., Exploring the benefits of an exercise program for people with schizophrenia: a qualitative study, Issues in Mental Health Nursing, 26, 341-51, 2005 | Intervention only rather than service approach |
| Gagne, Cheryl Ann, A qualitative study of consumer-survivors' perspectives about the effects of choice and coercion within the mental health system on recovery from psychiatric disability, Dissertation Abstracts International: Section B: The Sciences and Engineering, 66, 1975, 2005 | Dissertation abstract, excluded according to the protocol |
| Gammelgaard, I., Christensen, T. N., Eplov, L. F., Jensen, S. B., Stenager, E., Petersen, K. S., 'I have potential': Experiences of recovery in the individual placement and support intervention, The International journal of social psychiatry, 63, 400-406, 2017 | Sample's diagnoses not clear |
| Gillard, S., Adams, K., Edwards, C., Lucock, M., Miller, S., Simons, L., Turner, K., White, R., White, S., Self Care in Mental Health research, team, Informing the development of services supporting self-care for severe, long term mental health conditions: a mixed method study of community based mental health initiatives in England, BMC Health Services Research, 12, 189, 2012 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Graham, C. R., Larstone, R., Griffiths, B., de Leeuw, S., Anderson, L., Powell-Hellyer, S., Long, N., Development and Evaluation of Innovative Peer-Led Physical Activity Programs for Mental Health Service Users, Journal of Nervous & Mental Disease, 205, 840-847, 2017 | Sample's diagnoses not >66% psychosis |
| Graham, C., Rollings, C., De Leeuw, S., Anderson, L., Griffiths, B., Long, N., A qualitative study exploring facilitators for improved health behaviors and health behavior programs: Mental health service users' perspectives, Scientific World Journal, 2014 (no pagination), 2014 | Sample's diagnoses not >66% psychosis |
| Granger, Barbara, The role of psychiatric rehabilitation practitioners in assisting people in understanding how to best assert their ADA rights and arrange job accommodations, Psychiatric rehabilitation journal, 23, 215-223, 2000 | Sample's diagnoses not clear |
| Grocke, D., Bloch, S., Castle, D., Is there a role for music therapy in the care of the severely mentally ill?, Australasian Psychiatry, 16, 442-5, 2008 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Grocke, D., Bloch, S., Castle, D., Thompson, G., Newton, R., Stewart, S., Gold, C., Group music therapy for severe mental illness: a randomized embedded-experimental mixed methods study, Acta Psychiatrica Scandinavica, 130, 144-53, 2014 | Sample's diagnoses not >66% psychosis |

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Rehabilitation in adults with complex psychosis and related severe mental health conditions: evidence review J: Rehabilitation approaches, care, support and treatment that are valued by recipients FINAL (August 2020)

Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| Gyllensten, A. L., Forsberg, K. A., Computerized physical activity training for persons with severe mental illness - experiences from a communal supported housing project, Disability and rehabilitation, Assistive technology. 12, 780-788, 2017 | Sample's diagnoses not clear |
| Hagen, B., Nixon, G., Spider in a jar: Women who have recovered from psychosis and their experience of the mental health care system, Ethical Human Psychology and Psychiatry, 13, 47-63, 2011 | Sample not asked about rehabilitation service |
| Hampton, Nan Zhang, Yeung, Teresa, Nguyen, Courtney Hoa, Perceptions of mental illness and rehabilitation services in Chinese and Vietnamese Americans, Journal of Applied Rehabilitation Counseling, 38, 14-23, 2007 | Sample's diagnoses not >66% psychosis |
| Hancock, N., Bundy, A., Honey, A., Helich, S., Tamsett, S., Measuring the later stages of the recovery journey: insights gained from clubhouse members, Community Mental Health Journal, 49, 323-330, 2013 | Did not ask about how they valued an approach |
| Handler, Anne C., Holder, Betty M., Kerns, Marjorie A., Marsh, Diane T., Pedersen, Margaret A., Living on the edge: Experiences of family members, 143-165, 1994 | Book chapter |
| Hanson, J. G., Rapp, C. A., Families' perceptions of community mental health programs for their relatives with a severe mental illness, Community Mental Health Journal, 28, 181-97, 1992 | Sample's diagnoses not clear |
| Happell, B., Determining the effectiveness of mental health services from a consumer perspective: Part 2: Barriers to recovery and principles for evaluation, International Journal of Mental Health Nursing, 17, 123-130, 2008 | Sample's diagnoses not clear |
| Happell, B., Determining the effectiveness of mental health services from a consumer perspective: Part 1: Enhancing recovery, International Journal of Mental Health Nursing, 17, 116-122, 2008 | Sample's diagnoses not clear |
| Harley, Herman D., A qualitative study of individuals with serious mental illness who successfully assimilate into the community through a supported housing program, Dissertation Abstracts International: Section B: The Sciences and Engineering, 63, 588, 2002 | Dissertation abstract, excluded according to the protocol |
| Hasson-Ohayon, I., Roe, D., Yanos, P. T., Lysaker, P. H., The trees and the forest: mixed methods in the assessment of recovery based interventions' processes and outcomes in mental health, Journal of Mental Health, 25, 543-549, 2016 | Country (Israel) |
| Hasson-Ohayon, Ilanit, Kravetz, Shlomo, Roe, David, Rozencwaig, Silvio, Weiser, Mark, Qualitative assessment of verbal and non-verbal psychosocial interventions for people with severe mental illness, Journal of Mental Health, 15, 343-353, 2006 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Hatonen, H., Suhonen, R., Warro, H., Pitkanen, A., Valimaki, M., Patients' perceptions of patient education on psychiatric inpatient wards: A qualitative study, Journal of Psychiatric and Mental Health Nursing, 17, 335-341, 2010 | Sample not asked about a rehabilitation service |
| Hautala-Jylha, P. L., Nikkonen, M., Jylha, J., Continuity of care in psychiatric post-ward outpatient services--conceptions of patients and personnel concerning factors contributing to the continuity of care, Journal of Psychiatric & Mental Health Nursing, 12, 38-50, 2005 | Sample's diagnoses not clear |
| Hautala-Jylha, P. L., Nikkonen, M., Jylha, J., Conceptions of patients and personnel concerning the substance of post-ward outpatient visits in | Sample's diagnoses not clear |

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Rehabilitation in adults with complex psychosis and related severe mental health conditions: evidence review J: Rehabilitation approaches, care, support and treatment that are valued by recipients FINAL (August 2020)

Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| psychiatric care, Journal of Psychiatric & Mental Health Nursing, 13, 61-9, 2006 | |
| Heather, F., Pro-motion: A positive way forward for clients with severe and enduring mental health problems living in the community, Part 2, British Journal of Occupational Therapy, 66, 25-30, 2003 | Data collection and analysis methodology didn't include analysing transcribed interviews |
| Hedlund, L., Gyllensten, A. L., The physiotherapists' experience of Basic Body Awareness Therapy in patients with schizophrenia and schizophrenia spectrum disorders, Journal of Bodywork & Movement Therapies, 17, 169-76, 2013 | Not population of interest |
| Hedlund, L., Gyllensten, A. L., The experiences of basic body awareness therapy in patients with schizophrenia, Journal of Bodywork & Movement Therapies, 14, 245-54, 2010 | Not clear if a rehabilitation service |
| Hees, H. L., Nieuwenhuijsen, K., Koeter, M. W., Bultmann, U., Schene, A. H., Towards a new definition of return-to-work outcomes in common mental disorders from a multi-stakeholder perspective, PLoS ONE [Electronic Resource], 7, e39947, 2012 | Not population of interest |
| Hegedus, A., Seidel, E., Steinauer, R., Participants' employment status and experiences in the year after the Experienced Involvement training, International Journal of Social Psychiatry, 62, 214-20, 2016 | Sample's diagnoses not >66% psychosis |
| Henwood, B. F., Derejko, K. S., Couture, J., Padgett, D. K., Maslow and mental health recovery: a comparative study of homeless programs for adults with serious mental illness, Administration and policy in mental health, 42, 220-228, 2015 | Sample not asked about rehabilitation service |
| Henwood, B. F., Padgett, D. K., Smith, B. T., Tiderington, E., Substance abuse recovery after experiencing homelessness and mental illness: Case studies of change over time, Journal of Dual Diagnosis, 8, 238-246, 2012 | Sample's diagnoses not clear |
| Henwood, Benjamin F., Understanding program models to address homelessness and serious mental illness: A qualitative inquiry of service providers, Dissertation Abstracts International Section A: Humanities and Social Sciences, 72, 740, 2011 | Dissertation abstract, excluded according to the protocol |
| Hillborg, H., Svensson, T., Danermark, B., Towards a working life? Experiences in a rehabilitation process for people with psychiatric disabilities, Scandinavian journal of occupational therapy, 17, 149-161, 2010 | Sample's diagnoses not >66% psychosis |
| Hobbs, M., Baker, M., Hope for recovery - how clinicians may facilitate this in their work, Journal of Mental Health, 21, 144-53, 2012 | Sample's diagnoses not clear |
| Horghagen, S., Fostvedt, B., Alsaker, S., Craft activities in groups at meeting places: supporting mental health users' everyday occupations, Scandinavian journal of occupational therapy, 21, 145-152, 2014 | Sample's diagnoses not clear |
| Hungerford, C., Fox, C., Consumer's perceptions of Recovery-oriented mental health services: an Australian case-study analysis, Nursing & health sciences, 16, 209-15, 2014 | Sample's diagnoses not clear |
| Iancu, S. C., Zweekhorst, M. B., Veltman, D. J., van Balkom, A. J., Bunders, J. F., Outsourcing mental health care services? The practice and potential of community-based farms in psychiatric rehabilitation, Community Mental Health Journal, 51, 175-84, 2015 | Sample's diagnoses not clear |
| Iancu, S. C., Zweekhorst, M. B., Veltman, D. J., van Balkom, A. J., Bunders, J. F., Mental health recovery on care farms and day centres: a | Sample's diagnoses not >66% psychosis |

Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| qualitative comparative study of users' perspectives, Disability & Rehabilitation, 36, 573-83, 2014 | |
| Ihle, Holly A., Gender and psychiatric rehabilitation: Differences in males' and females' involvement in treatment, hope, self-esteem, and perception of familial support, Dissertation Abstracts International, 52, 6085-6086, 1992 | Dissertation abstract, excluded according to the protocol |
| Inman, J., McGurk, E., Chadwick, J., Is vocational rehabilitation a transition to recovery?, British Journal of Occupational Therapy, 70, 60-66, 2007 | Sample's diagnoses not clear |
| Isaacs, Anton N., Sutton, Keith, Dalziel, Kim, Maybery, Darryl, Outcomes of a care coordinated service model for persons with severe and persistent mental illness: A qualitative study, International Journal of Social Psychiatry, 63, 40-47, 2017 | Sample's diagnoses not clear |
| Ivarsson, A. B., Soderback, I., Ternestedt, B. M., The meaning and form of occupational therapy as experienced by women with psychoses: A phenomenological study, Scandinavian Journal of Caring Sciences, 16, 103-110, 2002 | Intervention only rather than service approach |
| Jacob, S., Munro, I., Taylor, B. J., Mental health recovery: lived experience of consumers, carers and nurses, Contemporary nurse, 50, 1-13, 2015 | Sample not asked about a rehabilitation service |
| Jensen, L. W., Wadkins, T. A., Mental health success stories: finding paths to recovery, Issues in Mental Health Nursing, 28, 325-40, 2007 | Sample's diagnoses not clear |
| Johnson, Malkia B., Listening to the experiences and perceptions of parents of children with mental illness, Dissertation Abstracts International: Section B: The Sciences and Engineering, 78, No Pagination Specified, 2018 | Dissertation abstract, excluded according to the protocol |
| Jones, N., Corrigan, P. W., James, D., Parker, J., Larson, N., Peer support, self-determination, and treatment engagement: a qualitative investigation, Psychiatric rehabilitation journal, 36, 209-14, 2013 | Sample's diagnoses not clear |
| Jormfeldt, H., Svensson, B., Hansson, L., Svedberg, P., Clients' experiences of the Boston Psychiatric Rehabilitation Approach: a qualitative study, International journal of qualitative studies on health and well-being, 9, 22916, 2014 | Sample's diagnoses not >66% psychosis |
| Jormfeldt, H., Svensson, B., Hansson, L., Svedberg, P., Relatives' experiences of the Boston Psychiatric Rehabilitation approach: a qualitative study, International journal of qualitative studies on health and well-being, 9, 22918, 2014 | Sample's diagnoses not clear |
| Kartalova-O'Doherty, Y., Doherty, D. T., Coping strategies and styles of family carers of persons with enduring mental illness: a mixed methods analysis, Scandinavian Journal of Caring Sciences, 22, 2008 | Sample not asked about a rehabilitation service they had received |
| Kasckow, J., Appelt, C., Haas, G. L., Huegel, S., Fox, L., Gurklis, J., Zickmund, S., Daley, D., Development of a recovery manual for suicidal patients with schizophrenia: consumer feedback, Community Mental Health Journal, 48, 564-567, 2012 | Sample not asked about a rehabilitation service they had received |
| Kasten, Bethany Phoenix, Experience of mentally ill adults with co-occurring substance use disorders, Dissertation Abstracts International: Section B: The Sciences and Engineering, 58, 4140, 1998 | Dissertation abstract, excluded according to the protocol |
| Katakura, N., Matsuzawa, K., Ishizawa, K., Takayanagi, C., Psychological and physical self-management of people with schizophrenia in community psychiatric rehabilitation settings: A | Country (Japan) |

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Rehabilitation in adults with complex psychosis and related severe mental health conditions: evidence review J: Rehabilitation approaches, care, support and treatment that are valued by recipients FINAL (August 2020)

Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| qualitative study, International Journal of Nursing Practice, 19, 24-33, 2013 | |
| Keogh, B., Higgins, A., Devries, J., Morrissey, J., Callaghan, P., Ryan, D., Gijbels, H., Nash, M., 'We have got the tools': Qualitative evaluation of a mental health Wellness Recovery Action Planning (WRAP) education programme in Ireland, Journal of Psychiatric & Mental Health Nursing, 21, 189-96, 2014 | Sample's diagnoses not clear |
| Kidd, Sean A., Veltman, Albina, Gately, Cole, Chan, K., Cohen, Jacqueline N., Lesbian, gay, and transgender persons with severe mental illness: Negotiating wellness in the context of multiple sources of stigma, American Journal of Psychiatric Rehabilitation, 14, 13-39, 2011 | Sample's diagnoses not >66% psychosis |
| Kilbride, M., Byrne, R., Price, J., Wood, L., Barratt, S., Welford, M., Morrison, A. P., Exploring service users' perceptions of cognitive behavioural therapy for psychosis: a user led study, Behavioural & Cognitive Psychotherapy, 41, 89-102, 2013 | Sample not asked about a rehabilitation service they had received |
| King, J., Cleary, C., Harris, M. G., Lloyd, C., Waghorn, G., Employment-related information for clients receiving mental health services and clinicians, Work (Reading, Mass.), 39, 291-303, 2011 | Sample not asked about a rehabilitation service they had received |
| Kinn, Liv Grethe, Holgersen, Helge, Borg, Marit, Fjaer, Svanaug, Being candidates in a transitional vocational course: Experiences of self, everyday life and work potentials, Disability & Society, 26, 433-448, 2011 | Sample's diagnoses not clear |
| Klein, Eileen, Rosenberg, Jessica, Rosenberg, Samuel, Whose treatment is it anyway? The role of consumer preferences in mental health care, American Journal of Psychiatric Rehabilitation, 10, 65-80, 2007 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Knaeps, J., Desmet, A., Van Audenhove, C., The IPS fidelity scale as a guideline to implement Supported Employment, Journal of Vocational Rehabilitation, 37, 13-23, 2012 | Not population of interest |
| Koblik, M., Kidd, S. A., Goldberg, J. O., Losier, B., So I wouldn't feel like I was excluded: the learning experience in computer education for persons with psychiatric disabilities, Psychiatric rehabilitation journal, 32, 306-308, 2009 | Sample's diagnoses not clear |
| Krieger, J., Positive courses of severe chronic psychiatric disorders. First results of a longitudinal mixed-methods matched pairs design, European Psychiatry, 48 (Supplement 1), S38, 2018 | Conference abstract |
| Krupa, T., Employment, recovery, and schizophrenia: Integrating health and disorder at work, Psychiatric rehabilitation journal, 28, 8-15, 2004 | Sample not asked about a rehabilitation service they had received |
| Krupa, T., Lagarde, M., Carmichael, K., Transforming sheltered workshops into affirmative businesses: an outcome evaluation, Psychiatric rehabilitation journal, 26, 359-67, 2003 | Sample's diagnoses not clear |
| Krupa, T., Lagarde, M., Carmichael, K., Hougham, B., Stewart, H., Stress, coping and the job search process: The experience of people with psychiatric disabilities in supported employment, Work, 11, 155-162, 1998 | Sample's diagnoses not >66% psychosis |
| Kukla, M., Strasburger, A. M., Salyers, M. P., Rattray, N. A., Lysaker, P. H., Subjective Experiences of the Benefits and Key Elements of a Cognitive Behavioral Intervention Focused on Community Work | Sample's diagnoses not >66% psychosis |

Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| Outcomes in Persons With Mental Illness, Journal of Nervous & Mental Disease, 205, 66-73, 2017 | |
| Lakeman, R., Mental health recovery competencies for mental health workers: a Delphi study, Journal of Mental Health, 19, 62-74, 2010 | Sample's diagnoses not >66% psychosis |
| Lakeman, R., Family and carer participation in mental health care: Perspectives of consumers and carers in hospital and home care settings, Journal of psychiatric and mental health nursing, 15, 203-211, 2008 | Sample's diagnoses not clear |
| Lambie, Ian, Bullen, David, Rodetz, Alfred, Seymour, Fred, Psychiatric rehabilitation: Development of group programs in hospital and community settings, Psychiatric rehabilitation journal, 21, 51-58, 1997 | Sample's diagnoses not clear |
| Lannigan, Elizabeth Griffin, The experience of individuals with severe mental illness participating in vocational rehabilitation programs: A qualitative study, Dissertation Abstracts International: Section B: The Sciences and Engineering, 64, 3739, 2004 | Dissertation abstract, excluded according to the protocol |
| Larsen, J., Tew, J., Hamilton, S., Manthorpe, J., Pinfold, V., Szymczynska, P., Clewett, N., Outcomes from personal budgets in mental health: service users' experiences in three English local authorities, Journal of Mental Health, 24, 219-24, 2015 | Sample's diagnoses not >66% psychosis |
| Larson, J. E., Barr, L. K., Corrigan, P. W., Kuwabara, S. A., Boyle, M. G., Glenn, T. L., Perspectives on benefits and costs of work from individuals with psychiatric disabilities, Journal of Vocational Rehabilitation, 26, 71-77, 2007 | Sample not asked about a rehabilitation service they had received |
| Law, H., Morrison, A. P., Recovery in psychosis: a Delphi study with experts by experience, Schizophrenia Bulletin, 40, 1347-55, 2014 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Lawn, S., Battersby, M. W., Pols, R. G., Lawrence, J., Parry, T., Urukalo, M., The mental health expert patient: findings from a pilot study of a generic chronic condition self-management programme for people with mental illness, International Journal of Social Psychiatry, 53, 63-74, 2007 | Sample's diagnoses not >66% psychosis |
| Lawson, J., Reynolds, F., Bryant, W., Wilson, L., 'It's like having a day of freedom, a day off from being ill': exploring the experiences of people living with mental health problems who attend a community-based arts project, using interpretative phenomenological analysis, Journal of Health Psychology, 19, 765-77, 2014 | Sample's diagnoses not >66% psychosis |
| Lee, J. G., Ranney, L. M., Goldstein, A. O., McCullough, A., Fulton-Smith, S. M., Collins, N. O., Successful implementation of a wellness and tobacco cessation curriculum in psychosocial rehabilitation clubhouses, BMC public health, 11, 702, 2011 | Not population of interest |
| Lee, K. K., Yamada, A. M., Kim, M. A., Dinh, T. Q., Interdependent recovery of adults with schizophrenia: Asian American consumer perspectives of family involvement and influence, Psychiatric rehabilitation journal, 38, 273-275, 2015 | Participants not asked about a rehabilitation service they received |
| Leighton, K., A sociological study of bed blocking in psychiatric rehabilitation units, Journal of Psychiatric and Mental Health Nursing, 9, 447-456, 2002 | Sample's diagnoses not clear |
| Lesley, M. L., Livingood, K., Livingwood, K., Assessing sustainability of InSHAPE participants' fitness activities in a community mental health | Sample's diagnoses not clear |

Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| setting, Journal of Psychosocial Nursing and Mental Health Services, 53, 46-53, 2015 | |
| Lewis, S. E., Hopper, K., Healion, E., Partners in recovery: social support and accountability in a consumer-run mental health center, Psychiatric Services, 63, 61-5, 2012 | Sample's diagnoses not clear |
| Liberman, R. P., Kopelowicz, A., Ventura, J., Gutkind, D., Operational criteria and factors related to recovery from schizophrenia, International Review of Psychiatry, 14, 256-272, 2002 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Lin, M. F., Chiou, J. H., Chou, M. H., Hsu, M. C., Significant experiences of token therapy from the perspective of psychotic patients, The journal of nursing research : JNR, 14, 315-323, 2006 | Country (Taiwan) |
| Linhorst, D. M., Implementing psychosocial rehabilitation in long-term inpatient psychiatric facilities, Journal of Mental Health Administration, 22, 58-67, 1995 | Not population of interest |
| Linz, S., Hanrahan, N. P., DeCesaris, M., Petros, R., Solomon, P., Clinical Use of an Autovideography Intervention to Support Recovery in Individuals with Severe Mental Illness, Journal of Psychosocial Nursing and Mental Health Services, 54, 33-40, 2016 | Sample's diagnoses not clear |
| Livingston, J. D., Nijdam-Jones, A., Lapsley, S., Calderwood, C., Brink, J., Supporting Recovery by Improving Patient Engagement in a Forensic Mental Health Hospital: Results From a Demonstration Project, Journal of the American Psychiatric Nurses Association, 19, 132-145, 2013 | Not population of interest |
| Lloyd, C., Wong, S. R., Petchkovsky, L., Art and recovery in mental health: A qualitative investigation, British Journal of Occupational Therapy, 70, 207-214, 2007 | Sample's diagnoses not >66% psychosis |
| Lloyd, Chris, Williams, Philip Lee, Sullivan, Dan, Kick'n'On: Helping young males kick back into life, AeJAMH (Australian e-Journal for the Advancement of Mental Health), 3, No Pagination Specified, 2004 | Participants not asked about a rehabilitation service they received |
| Lobban, F., Appleton, V., Appelbe, D., Barraclough, J., Bowland, J., Fisher, N. R., Foster, S., Johnson, S., Lewis, E., Mateus, C., Mezes, B., Murray, E., O'Hanlon, P., Pinfold, V., Rycroft-Malone, J., Siddle, R., Smith, J., Sutton, C. J., Walker, A., Jones, S. H., IMPlementation of A Relatives' Toolkit (IMPART study): an iterative case study to identify key factors impacting on the implementation of a web-based supported self-management intervention for relatives of people with psychosis or bipolar experiences in a National Health Service: a study protocol, Implementation Science, 12, 152, 2017 | A study proposal |
| Lobban, F., Glentworth, D., Haddock, G., Wainwright, L., Clancy, A., Bentley, R., React, Team, The views of relatives of young people with psychosis on how to design a Relatives Education And Coping Toolkit (REACT), Journal of Mental Health, 20, 567-79, 2011 | Sample not asked about a rehabilitation service they had received |
| Loi, S. M., Hodson, S., Huppert, D., Swan, J., Mazur, A., Lautenschlager, N. T., Can a short internet training program improve social isolation and self-esteem in older adults with psychiatric conditions?, International Psychogeriatrics, 28, 1737-1740, 2016 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Luchins, Daniel J., Chiriac, Irinel, Hanrahan, Patricia, Goldman, Morris, Fabian, Robert, Tolley, George, Sharfstein, Steven S., Huskamp, Haiden A., Allocating Funds for Medications and Psychosocial Interventions: | Not a relevant study design: not a semi-structured or structured |

## Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| How Consumers Would Divide the Pie, Psychiatric Services, 56, 799-801, 2005 | interview, focus group or mixed methods study. |
| Lucksted, A., Dixon, L. B., Sembly, J. B., A focus group pilot study of tobacco smoking among psychosocial rehabilitation clients, Psychiatric ServicesPsychiatr Serv, 51, 1544-8, 2000 | Sample's diagnoses not clear |
| Lucksted, Alicia, Lesbian, Gay, Bisexual, and Transgender People Receiving Services in the Public Mental Health System: Raising Issues, Journal of Gay & Lesbian Psychotherapy, 8, 25-42, 2004 | Sample's diagnoses not clear |
| Lysaker, P. H., France, C. M., Psychotherapy as an element in supported employment for persons with severe and persistent mental illness, Psychiatry, 62, 209-221, 1999 | Sample's diagnoses not clear |
| MacDonald, Scott, Client experiences in music therapy in the psychiatric inpatient milieu, Music Therapy Perspectives, 33, 108-117, 2015 | Intervention only rather than service approach |
| Mairs, Hilary, Lovell, Karina, Keeley, Philip, Carer and mental health professional views of a psychosocial treatment for negative symptoms in psychosis: A qualitative study, International Journal of Nursing Studies, 49, 1191-1199, 2012 | Not population of interest |
| Malins, G., Oades, L., Viney, L., Aspden, S., What's in a service? Consumers' views of Australian Mental Health Services, Psychiatric rehabilitation journal, 29, 197-204, 2006 | Sample's diagnoses not clear |
| Mancini, M. A., Hardiman, E. R., Lawson, H. A., Making sense of it all: consumer providers' theories about factors facilitating and impeding recovery from psychiatric disabilities, Psychiatric rehabilitation journal, 29, 48-55, 2005 | Sample's diagnoses not clear |
| Mansbach-Kleinfeld, I., Sasson, R., Shvarts, S., Grinshpoon, A., What education means to people with psychiatric disabilities: A content analysis, American Journal of Psychiatric Rehabilitation, 10, 301-316, 2007 | Country (Israel) |
| Marshall, S. L., Oades, L. G., Crowe, T. P., Australian mental health consumers' contributions to the evaluation and improvement of recoveryoriented service provision, Israel Journal of Psychiatry and Related Sciences, 47, 198-205, 2010 | Duplicate |
| Matthias, M. S., Salyers, M. P., Rollins, A. L., Frankel, R. M., Decision making in recovery-oriented mental health care, Psychiatric rehabilitation journal, 35, 305-314, 2012 | Doesn't ask about how the service users value the approach |
| McCaffrey, T. PhD, Edwards, J. PhD Rmt, "Music Therapy Helped Me Get Back Doing": Perspectives of Music Therapy Participants in Mental Health Services, Journal of Music Therapy, 53, 121-48, 2016 | Sample's diagnoses not clear |
| McCann, E., The expression of sexuality in people with psychosis: breaking the taboos, Journal of Advanced Nursing, 32, 132-138, 2000 | Did not ask about a rehabilitation service they had received |
| McCloughen, A., Gillies, D., O'Brien, L., Collaboration between mental health consumers and nurses: Shared understandings, dissimilar experiences, International Journal of Mental Health Nursing, 20, 47-55, 2011 | Sample's diagnoses not clear |
| McCorkle, B. H., Dunn, E. C., Yu Mui, Wan, Gagne, C., Compeer friends: a qualitative study of a volunteer friendship programme for people with serious mental illness, International Journal of Social Psychiatry, 55, 291-305, 2009 | Sample's diagnoses not clear |

## Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| McDevitt, J., Snyder, M., Miller, A., Wilbur, J., Perceptions of barriers and benefits to physical activity among outpatients in psychiatric rehabilitation, Journal of Nursing Scholarship, 38, 50-55, 2006 | Sample's diagnoses not clear |
| McDonel, E. C., Bond, G. R., Salyers, M., Fekete, D., Chen, A., McGrew, J. H., Miller, L., Implementing assertive community treatment programs in rural settings, Administration and policy in mental health, 25, 153â€• 173, 1997 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| McGuire, A. B., Lysaker, P. H., Wasmuth, S., Altered Self-Experience and Goal Setting in Severe Mental Illness, American Journal of Psychiatric Rehabilitation, 18, 333-362, 2015 | Paper not available through the British Library. |
| McQueen, J. M., Turner, J., Exploring forensic mental health service users' views on work: An interpretative phenomenological analysis, British Journal of Forensic Practice, 14, 168-179, 2012 | Sample's diagnoses not clear |
| Megivern, D., Pellerito, S., Mowbray, C., Barriers to higher education for individuals with psychiatric disabilities, Psychiatric rehabilitation journal, 26, 217-231, 2003 | Did not ask about a rehabilitation service they had received |
| Mikkelsgard, K. A., Granerud, A., Hoye, S., People with mental illness returning to work: a qualitative evaluation of a Norwegian project, Scandinavian journal of occupational therapy, 21, 172-80, 2014 | Not population of interest |
| Milbourn, B., McNamara, B., Buchanan, A., A qualitative study of occupational well-being for people with severe mental illness, Scandinavian journal of occupational therapy, 24, 269-280, 2017 | Doesn't ask about how the service users value the approach |
| Mills, Peter D., Hansen, James C., Short-term group interventions for mentally ill young adults living in a community residence and their families, Hospital & community psychiatry, 42, 1144-1150, 1991 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Mitchell, D., Promoting enjoyment and self-belief through work rehabilitation, Archives of Psychiatric Nursing, 12, 344-350, 1998 | Sample's diagnoses not clear |
| Mohr, W. K., Rethinking professional attitudes in mental health settings, Qualitative health research, 10, 595-611, 2000 | Not population of interest |
| Moran, G. S., Russinova, Z., Gidugu, V., Yim, J. Y., Sprague, C., Benefits and mechanisms of recovery among peer providers with psychiatric illnesses, Qualitative health research, 22, 304-319, 2012 | Sample's diagnoses not clear |
| Moran, G. S., Russinova, Z., Yim, J. Y., Sprague, C., Motivations of persons with psychiatric disabilities to work in mental health peer services: a qualitative study using self-determination theory, Journal of occupational rehabilitation, 24, 32-41, 2014 | Sample's diagnoses not >66% psychosis |
| Moran, Galia S., Alon, Uri, Playback theatre and recovery in mental health: Preliminary evidence, The Arts in Psychotherapy, 38, 318-324, 2011 | Sample's diagnoses not clear |
| Morgan, Joy E., Successful outcomes in vocational rehabilitation: The effects of stage of change and relational development, Dissertation Abstracts International Section A: Humanities and Social Sciences, 67, 4716, 2007 | Dissertation abstract, excluded according to the protocol |
| Morrison, Ian, Clift, Stephen M., Antonovsky revisited--Implications for mental health promotion practice, International Journal of Mental Health Promotion, 9, 36-46, 2007 | Sample's diagnoses not clear |

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Rehabilitation in adults with complex psychosis and related severe mental health conditions: evidence review J: Rehabilitation approaches, care, support and treatment that are valued by recipients FINAL (August 2020)

Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| Moxham, L., Patterson, C., Taylor, E., Perlman, D., Sumskis, S., Brighton, R., A multidisciplinary learning experience contributing to mental health rehabilitation, Disability and rehabilitation, 39, 98-103, 2017 | Sample's diagnoses not clear |
| Munro, Jane, Palmada, Michelle, Russell, Anneliese, Taylor, Penny, Heir, Bradley, McKay, Jan, Lloyd, Chris, Queensland extended care services for people with severe mental illness and the role of occupational therapy, Australian occupational therapy journal, 54, 257-265, 2007 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Myers, N. A., Alolayan, Y., Smith, K., Pope, S. A., Broussard, B., Haynes, N., Compton, M. T., A potential role for family members in mental health care delivery: the family community navigation specialist, Psychiatric Services, 66, 653-5, 2015 | Sample's diagnoses not clear |
| Mynard, L., Howie, L., Collister, L., Belonging to a community-based football team: An ethnographic study, Australian Occupational Therapy Journal, 56, 266-274, 2009 | Sample's diagnoses not clear |
| Nagle, Susan, Cook, Joanne Valiant, Polatajko, Helene J., I'm doing as much as I can: Occupational choices of persons with a severe and persistent mental illness, Journal of Occupational Science, 9, 72-81, 2002 | Did not ask about a rehabilitation service they had received |
| Nakagami, Eri, Working alliance, hope, and functional outcome for individuals with schizophrenia: Mechanisms of influence, Dissertation Abstracts International Section A: Humanities and Social Sciences, 70, 1786, 2009 | Dissertation abstract, excluded according to the protocol |
| Naslund, J. A., Aschbrenner, K. A., Barre, L. K., Bartels, S. J., Feasibility of popular m-health technologies for activity tracking among individuals with serious mental illness, Telemedicine journal and e-health : the official journal of the American Telemedicine Association, 21, 213-216, 2015 | Sample's diagnoses not >66% psychosis |
| Newman-Taylor, K., Stone, N., Valentine, P., Hooks, Z., Sault, K., The Recovery College: A unique service approach and qualitative evaluation, Psychiatric rehabilitation journal, 39, 187-190, 2016 | Sample's diagnoses not clear |
| Nicholson, J., Albert, K., Gershenson, B., Williams, V., Biebel, K., Family options for parents with mental illnesses: A developmental, mixed methods pilot study, Psychiatric rehabilitation journal, 33, 106-114, 2009 | Sample's diagnoses not >66% psychosis |
| Nicholson, J., Carpenter-Song, E. A., MacPherson, L. H., Tauscher, J. S., Burns, T. C., Lord, S. E., Developing the WorkingWell mobile app to promote job tenure for individuals with serious mental illnesses, Psychiatric rehabilitation journal, 40, 276-282, 2017 | Sample's diagnoses not clear |
| Nicholson, J., Henry, A. D., Achieving the goal of evidence-based psychiatric rehabilitation practices for mothers with mental illnesses, Psychiatric rehabilitation journal, 27, 122-130, 2003 | Sample's diagnoses not >66% psychosis |
| Noel, V. A., Oulvey, E., Drake, R. E., Bond, G. R., Carpenter-Song, E. A., Deatley, B., A preliminary evaluation of individual placement and support for youth with developmental and psychiatric disabilities, Journal of Vocational Rehabilitation, 48, 249-255, 2018 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Noiseux, S., Ricard, N., Recovery as perceived by people with schizophrenia, family members and health professionals: a grounded theory, International Journal of Nursing StudiesInt J Nurs Stud, 45, 1148-62, 2008 | Sample not asked about a rehabilitation service they had received |

Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| Noiseux, S., Tribble St-Cyr, D., Corin, E., St-Hilaire, P. L., Morissette, R., Leclerc, C., Fleury, D., Vigneault, L., Gagnier, F., The process of recovery of people with mental illness: the perspectives of patients, family members and care providers: part 1, BMC health services research, 10, 161, 2010 | Sample's diagnoses not clear |
| Norman, C., The Fountain House movement, an alternative rehabilitation model for people with mental health problems, members' descriptions of what works, Scandinavian Journal of Caring Sciences, 20, 184-192, 2006 | Sample's diagnoses not clear |
| Nowak, I., Waszkiewicz, J., Switaj, P., Sokol-Szawlowska, M., Anczewska, M., A Qualitative Study of the Subjective Appraisal of Recovery Among People with Lived Experience of Schizophrenia in Poland, Psychiatric Quarterly, 88, 435-446, 2017 | Did not ask about a rehabilitation service they had received |
| Nufer, Yolanda, Important rehabilitation case manager characteristics as perceived by consumers with psychiatric disabilities versus rehabilitation case managers, Dissertation Abstracts International Section A: Humanities and Social Sciences, 56, 4638, 1996 | Dissertation abstract, excluded according to the protocol |
| Nygren, U., Markstrom, U., Bernspang, B., Processes towards employment among persons with psychiatric disabilities: a study of two individual placement and support programmes in Sweden, Scandinavian Journal of Disability Research, 18, 32-51, 2016 | Sample's diagnoses not clear |
| Ochocka, J., Nelson, G., Janzen, R., Moving forward: negotiating self and external circumstances in recovery, Psychiatric rehabilitation journal, 28, 315-22, 2005 | Sample's diagnoses not clear |
| O'Day, B., Killeen, M., Does U.S. Federal policy support employment and recovery for people with psychiatric disabilities?, Behavioral Sciences and the Law, 20, 559-583, 2002 | Sample's diagnoses not clear |
| O'Grady, C. P., Skinner, W. J., Journey as destination: a recovery model for families affected by concurrent disorders, Qualitative health research, 22, 1047-1062, 2012 | Sample's diagnoses not >66% psychosis |
| O'Hara, K., Stefancic, A., Cabassa, L. J., Developing a peer-based healthy lifestyle program for people with serious mental illness in supportive housing, Translational Behavioral Medicine, 7, 793-803, 2017 | Sample's diagnoses not >66% psychosis |
| Orjasaeter, K. B., Ness, O., Acting Out: Enabling Meaningful Participation Among People With Long-Term Mental Health Problems in a Music and Theater Workshop, Qualitative health research, 27, 1600-1613, 2017 | Sample's diagnoses not clear |
| Oulvey, E., Carpenter-Song, E. A., Swanson, S. J., Principles for enhancing the role of state vocational rehabilitation in IPS-supported employment, Psychiatric rehabilitation journal, 36, 4-6, 2013 | Sample's diagnoses not clear |
| Padgett, D. K., Henwood, B., Abrams, C., Davis, A., Engagement and retention in services among formerly homeless adults with co-occurring mental illness and substance abuse: voices from the margins, Psychiatric rehabilitation journal, 31, 226-33, 2008 | Not clear if a rehabilitation service |
| Panayiotopoulos, Christos, Kerfoot, Michael, Evaluative Survey of Service Users and Professional Experiences of a Vocational Rehabilitation Unit for the Mentally Ill in Cyprus, International Journal of Mental Health, 42, 3-16, 2013 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |

Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| Parker, S., Dark, F., Newman, E., Hanley, D., McKinlay, W., Meurk, C., Consumers' understanding and expectations of a community-based recovery-oriented mental health rehabilitation unit: a pragmatic grounded theory analysis, Epidemiology and Psychiatric Sciences, 1-10, 2017 | Relevant but flagged for use in review on accommodation |
| Parker, Stephen, Dark, Frances, Newman, Ellie, Korman, Nicole, Meurk, Carla, Siskind, Dan, Harris, Meredith, Longitudinal comparative evaluation of the equivalence of an integrated peer-support and clinical staffing model for residential mental health rehabilitation: A mixed methods protocol incorporating multiple stakeholder perspectives, BMC Psychiatry Vol 16 2016, ArtID 179, 16, 2016 | A study protocol |
| Pelletier, J. R., Nguyen, M., Bradley, K., Johnsen, M., McKay, C., A study of a structured exercise program with members of an ICCD certified clubhouse: Program design, benefits, and implications for feasibility, Psychiatric rehabilitation journal, 29, 89-96, 2005 | Sample's diagnoses not >66% psychosis |
| Pernice, F. M., Biegel, D. E., Kim, J. Y., Conrad-Garrisi, D., The mediating role of mattering to others in recovery and stigma, Psychiatric Rehabilitation JournalPsychiatr Rehabil J, 40, 395-404, 2017 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Petersen, Kirsten Schultz, Friis, Vivi Soegaard, Haxholm, Birthe Lodahl, Nielsen, Claus Vinther, Wind, Gitte, Recovery from mental illness: A service user perspective on facilitators and barriers, Community Mental Health Journal, 51, 1-13, 2015 | Relevant but flagged for use in review on accommodation |
| Phillips, A., On the record: looking at ordinary people's tales of living with their mental illness. Interview by Alita Howe, Mental health today (Brighton, England), 38, 2011 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Pinfold, V., 'Building up safe havens... around the world': users' experiences of living in the community with mental health problems, Health & place, 6, 201-12, 2000 | Sample's diagnoses not clear |
| Pinkney, A. A., Gerber, G. J., Lafave, H. G., Quality of life after psychiatric rehabilitation: the clients' perspective, Acta Psychiatrica Scandinavica, 83, 86-91, 1991 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Pols, J., Kroon, H., The importance of holiday trips for people with chronic mental health problems, Psychiatric Services, 58, 262-265, 2007 | Sample's diagnoses not clear |
| Poremski, D., Whitley, R., Latimer, E., Building trust with people receiving supported employment and housing first services, Psychiatric rehabilitation journal, 39, 20-6, 2016 | Sample's diagnoses not clear |
| Poremski, D., Woodhall-Melnik, J., Lemieux, A. J., Stergiopoulos, V., Persisting Barriers to Employment for Recently Housed Adults with Mental Illness Who Were Homeless, Journal of Urban Health, 93, 96-108, 2016 | Sample's diagnoses not >66% psychosis |
| Prasko, J., Vrbova, K., Latalova, K., Mainerova, B., Psychoeducation for psychotic patients, Biomedical Papers of the Medical Faculty of Palacky University in Olomouc, Czech Republic, 155, 385-95, 2011 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |

Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| Pratt, R., MacGregor, A., Reid, S., Given, L., Wellness Recovery Action Planning (WRAP) in self-help and mutual support groups, Psychiatric rehabilitation journal, 35, 403-405, 2012 | Not population of interest |
| Price-Robertson, R., Manderson, L., Duff, C., Mental Ill Health, Recovery and the Family Assemblage, Culture, Medicine and Psychiatry, 41, 407-430, 2017 | Sample's diagnoses not >66% psychosis |
| Prior, S., Maciver, D., Forsyth, K., Walsh, M., Meiklejohn, A., Irvine, L., Readiness for employment: perceptions of mental health service users, Community Mental Health Journal, 49, 658-667, 2013 | Sample's diagnoses not clear |
| Quimby, E., Drake, R. E., Becker, D. R., Ethnographic findings from the Washington, D.C., vocational services study, Psychiatric rehabilitation journal, 24, 368-374, 2001 | Data collection and analysis methodology didn't include analysing transcribed interviews |
| Raeburn, T., Schmied, V., Hungerford, C., Cleary, M., Autonomy Support and Recovery Practice at a Psychosocial Clubhouse, Perspectives in psychiatric care, 53, 175-182, 2017 | Sample's diagnoses not clear |
| Ramon, S., Griffiths, C. A., Nieminen, I., Pedersen, M., Dawson, I., Towards social inclusion through lifelong learning in mental health: analysis of change in the lives of the EMILIA project service users, The International journal of social psychiatry, 57, 211-223, 2011 | Doesn't ask about how the service users value the approach |
| Rapp, C. A., Etzel-Wise, D., Marty, D., Coffman, M., Carlson, L., Asher, D., Callaghan, J., Whitley, R., Evidence-based practice implementation strategies: results of a qualitative study, Community Mental Health Journal, 44, 213-24; discussion 225-6, 2008 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Raudino, A., Carr, V. J., Bush, R., Saw, S., Burgess, P., Morgan, V. A., Patterns of service utilisation in psychosis: Findings of the 2010 Australian National Survey of Psychosis, Australian and New Zealand Journal of Psychiatry, 48, 341-351, 2014 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Rebeiro Gruhl, K., Transitions to work for persons with serious mental illness in northeastern Ontario, Canada: examining barriers to employment, Work (Reading, Mass.), 41, 379-389, 2012 | Sample's diagnoses not clear |
| Rebeiro Gruhl, K. L., Kauppi, C., Montgomery, P., James, S., Consideration of the influence of place on access to employment for persons with serious mental illness in northeastern Ontario, Rural & Remote Health, 12, 2034, 2012 | Sample's diagnoses not >66% psychosis |
| Rebeiro Gruhl, K. L., Kauppi, C., Montgomery, P., James, S., Employment services for persons with serious mental illness in northeastern Ontario: the case for partnerships, Work, 43, 77-89, 2012 | Sample's diagnoses not clear |
| Rebeiro, K. L., Enabling occupation: the importance of an affirming environment, Canadian Journal of Occupational Therapy - Revue Canadienne d Ergotherapie, 68, 80-9, 2001 | Sample's diagnoses not clear |
| Reddon, J. R., McNeil, D. C., Schmitke, M. L., Trelenberg, L. A., Patient evaluation of a psychiatric hospital's vocational rehabilitation program, Canadian Journal of Rehabilitation, 6, 111-115, 1992 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Reker, T., Eikelmann, B., Inhester, M. L., Pathways into sheltered employment, Social psychiatry and psychiatric epidemiology, 27, 220-225, 1992 | Not a relevant study design: not a semi-structured or structured |

Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
| --- | --- |
| | interview, focus group or mixed methods study. |
| Renemane, L., Millere, I., Degtjarjova, N., Kupca, B., Psychiatric rehabilitation process of mentally ill patients in Latvia, European Neuropsychopharmacology, 2), S437, 2012 | Conference abstract |
| Repper, J., Perkins, R., Owen, S., 'I wanted to be a nurse ... but I didn't get that far': women with serious ongoing mental health problems speak about their lives, Journal of Psychiatric & Mental Health Nursing, 5, 505-13, 1998 | Sample's diagnoses not clear |
| Reupert, A., Ward, B., McCormick, F., Ward, C., Waller, S., Kidd, S., Developing a model of family focused practice with consumers, families, practitioners and managers: a community based participatory research approach, BMC health services research, 18, 66, 2018 | Sample's diagnoses not clear |
| Ridgway, P., Restorying psychiatric disability: learning from first person recovery narratives, Psychiatric rehabilitation journal, 24, 335-43, 2001 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Roan, Luke Andrew, Group therapy with severely mentally ill men in an inpatient psychiatric hospital setting, Dissertation Abstracts International: Section B: The Sciences and Engineering, 62, 4234, 2002 | Dissertation abstract, excluded according to the protocol |
| Roe, D., Individual Placement and Support (IPS): Possible Avenues to Maximize its Potential Benefits, Administration & Policy in Mental Health, 44, 378-379, 2017 | Commentary only |
| Roe, D., Hasson-Ohayon, I., Derhi, O., Yanos, P. T., Lysaker, P. H., Talking about life and finding solutions to different hardships: a qualitative study on the impact of narrative enhancement and cognitive therapy on persons with serious mental illness, Journal of Nervous & Mental Disease, 198, 807-12, 2010 | Intervention only rather than service approach |
| Roe, D., Hasson-Ohayon, I., Mashiach-Eizenberg, M., Yamin, A., Lysaker, P. H., Different Roads Lead to Rome: Exploring Patterns of Change among Narrative Enhancement and Cognitive Therapy (NECT) Participants, The Israel journal of psychiatry and related sciences, 54, 62-70, 2017 | Intervention only rather than service approach |
| Rollins, A. L., Mueser, K. T., Bond, G. R., Becker, D. R., Social relationships at work: does the employment model make a difference?, Psychiatric rehabilitation journal, 26, 51-61, 2002 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Ronngren, Y., Bjork, A., Haage, D., Audulv, A., Kristiansen, L., Perspectives of a tailored lifestyle program for people with severe mental illness receiving housing support, Perspectives in psychiatric care, 54, 309-316, 2018 | Sample's diagnoses not clear |
| Rose, D., Fleischmann, P., Schofield, P., Perceptions of user involvement: a user-led study, The International journal of social psychiatry, 56, 389-401, 2010 | Sample's diagnoses not >66% psychosis |
| Rosenfield, S., Neese-Todd, S., Elements of a psychosocial clubhouse program associated with a satisfying quality of life, Hospital & community psychiatry, 44, 76-8, 1993 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |

## Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| Rouse, Jennifer, Mutschler, Christina, McShane, Kelly, Habal-Brosek, Criss, Qualitative participatory evaluation of a psychosocial rehabilitation program for individuals with severe mental illness, International Journal of Mental Health, 46, 139-156, 2017 | Sample's diagnoses not clear |
| Roush, S., Monica, C., Carpenter-Song, E., Drake, R. E., First-Person Perspectives on Dual Diagnosis Anonymous (DDA): A Qualitative Study, Journal of Dual Diagnosis, 11, 136-41, 2015 | Sample's diagnoses not >66% psychosis |
| Rowe, M., Serowik, K. L., Ablondi, K., Wilber, C., Rosen, M. I., Recovery and money management, Psychiatric rehabilitation journal, 36, 116-118, 2013 | Did not ask about a rehabilitation service they had received |
| Royce-Davis, Joanna Christine, Community integration: Definition, experience, and process from the perspective of six individuals with significant psychiatric disabilities, Dissertation Abstracts International Section A: Humanities and Social Sciences, 62, 2038, 2001 | Dissertation abstract, excluded according to the protocol |
| Rund, B. R., Fully recovered schizophrenics: a retrospective study of some premorbid and treatment factors, Psychiatry, 53, 127-39, 1990 | Did not use relevant qualitative analysis methodology |
| Saavedra, J., Cubero, M., Crawford, P., Everyday Life, Culture, and Recovery: Carer Experiences in Care Homes for Individuals with Severe Mental Illness, Culture, Medicine and Psychiatry, 36, 422-441, 2012 | Not population of interest |
| Saavedra, J., Lopez, M., Gonzales, S., Cubero, R., Does Employment Promote Recovery? Meanings from Work Experience in People Diagnosed with Serious Mental Illness, Culture, Medicine and Psychiatry, 40, 507-532, 2016 | Sample not asked about a rehabilitation service they had received |
| Saavedra, J., Perez, E., Crawford, P., Arias, S., Recovery and creative practices in people with severe mental illness: evaluating well-being and social inclusion, Disability & Rehabilitation, 40, 905-911, 2018 | Sample's diagnoses not clear |
| Salem, D. A., Gant, L., Campbell, R., The initiation of mutual-help groups within residential treatment settings, Community Mental Health Journal, 34, 419-429, 1998 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Salzer, M. S., Shear, S. L., Identifying consumer-provider benefits in evaluations of consumer-delivered services, Psychiatric rehabilitation journal, 25, 281-8, 2002 | Sample's diagnoses not clear |
| Scanlan, J. N., Hancock, N., Honey, A., Evaluation of a peer-delivered, transitional and post-discharge support program following psychiatric hospitalisation, BMC Psychiatry, 17 (1) (no pagination), 2017 | Sample's diagnoses not >66% psychosis |
| Schiff, Jeannette Waegemakers, Coleman, Heather, Miner, Deeana, Voluntary participation in rehabilitation: Lessons learned from a clubhouse environment, Canadian Journal of Community Mental Health, 27, 65-78, 2008 | Paper not available through the British Library. |
| Schindler, V. P., Kientz, M., Supports and barriers to higher education and employment for individuals diagnosed with mental illness, Journal of Vocational Rehabilitation, 39, 29-41, 2013 | Not clear if a rehabilitation service |
| Schindler, V. P., Sauerwald, C., Outcomes of a 4-year program with higher education and employment goals for individuals diagnosed with mental illness, Work, 46, 325-36, 2013 | Not clear if a rehabilitation service |
| Schmidt, G., Barriers to recovery in a First Nations community, Canadian Journal of Community Mental Health, 19, 75-87, 2000 | Sample not asked about a rehabilitation service they had received |

Rehabilitation approaches, care, support and treatment that are valued by recipients

| Study | Reason for Exclusion |
|---|---|
| Schon, U., Recovery from severe mental illness, a gender perspective, Scandinavian Journal of Caring Sciences, 24, 557-564, 2010 | Sample's diagnoses not clear |
| Schon, U. K., Denhov, A., Topor, A., Social relationships as a decisive factor in recovering from severe mental illness, International Journal of Social Psychiatry, 55, 336-47, 2009 | Not limited to patients with experience of rehabilitation services |
| Schutt, R. K., Cournoyer, B., Penk, W. E., Drebing, C. E., Van Ormer, E. A., Krebs, C., Losardo, M. O., Building the future: Psychosocial rehabilitation with a Veterans Construction Team, Psychiatric rehabilitation journal, 27, 186-189, 2003 | Not population of interest |
| Schutt, R. K., Seidman, L. J., Eack, S. M., Deck, B., Keshavan, M. S., Adapting cognitive remediation to a group home: A brief report, Asian Journal of Psychiatry, 25, 184-187, 2017 | Did not report qualitative data |
| Secker, J., Spandler, H., Hacking, S., Kent, L., Shenton, J., Art for mental health's sake, Mental health today (Brighton, England), 34-36, 2007 | Sample's diagnoses not >66% psychosis |
| Sheets, Willard A., The process people with schizophrenia or schizoaffective disorder use to return to or initially secure employment after diagnosis, Dissertation Abstracts International Section A: Humanities and Social Sciences, 70, 3356, 2010 | Dissertation abstract, excluded according to the protocol |
| Shipton, L., Lashewicz, B. M., Quality Group Home Care for Adults with Developmental Disabilities and/or Mental Health Disorders: Yearning for Understanding, Security and Freedom, Journal of applied research in intellectual disabilities : JARID, 30, 946-957, 2017 | Sample's diagnoses not clear |
| Sikka, Rachana, The other side of anti-stigma programs for mental illness: Consumers in recovery as educators and "getting plugged in" to the in Our Own Voice (IOOV) program, Dissertation Abstracts International: Section B: The Sciences and Engineering, 74, No Pagination Specified, 2014 | Dissertation abstract, excluded according to the protocol |
| Silverstein, Steven M., Hitzel, Howard, Schenkel, Lindsay, Identifying and addressing cognitive barriers to rehabilitation readiness, Psychiatric Services, 49, 34-36, 1998 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Singer, G., Real life psychiatric/psychosocial rehabilitation (PSR): A first person account, Current Psychiatry Reviews, 9, 175-176, 2013 | Paper not available through the British Library. |
| Sistig, Brigitte, Lambrecht, Ingo, Friedman, Susan Hatters, Journey back into body and soul-An exploration of mindful yoga with psychosis, Psychosis: Psychological, Social and Integrative Approaches, 7, 25-36, 2015 | Intervention only rather than service approach |
| Sloan, E., Hall, K., Simpson, A., Youssef, G. J., Moulding, R., Mildred, H., Staiger, P. K., An Emotion Regulation Treatment for Young People With Complex Substance Use and Mental Health Issues: A Case-Series Analysis, Cognitive and Behavioral Practice, 25, 427-441, 2018 | Sample's diagnoses not >66% psychosis |
| Spagnolo, A. B., Dolce, J. N., Roberts, M. M., Murphy, A. A., Gill, K. J., Librera, L. A., Lu, W., A study of the perceived barriers to the implementation of circles of support, Psychiatric rehabilitation journal, 34, 233-242, 2011 | Sample's diagnoses not clear |
| Spandler, H., Secker, J., Kent, L., Hacking, S., Shenton, J., Catching life: The contribution of arts initiatives to recovery approaches in mental | Sample's diagnoses not clear |

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| Study | Reason for Exclusion |
|---|---|
| health, Journal of Psychiatric and Mental Health Nursing, 14, 791-799, 2007 | |
| Spaniol, L., Wewiorski, N. J., Gagne, C., Anthony, W. A., The process of recovery from schizophrenia, International Review of Psychiatry, 14, 327-336, 2002 | Sample not asked about a rehabilitation service they had received |
| Spaniol, Leroy, Wewiorski, Nancy J., Gagne, Cheryl, Anthony, William A., The Process of Recovery from Schizophrenia, 82-99, 2005 | Sample not asked about a rehabilitation service they had received |
| Stanhope, V., Matejkowski, J., Understanding the role of individual consumer-provider relationships within assertive community treatment, Community Mental Health Journal, 46, 309-318, 2010 | Sample's diagnoses not >66% psychosis |
| Teixeira, Carina, Santos, Eduardo, Abreu, Manuel Viegas, Psychiatric rehabilitation and social inclusion of people with mental illness: A Portuguese experience and a critical analysis of current barriers, International Journal of Culture and Mental Health, 7, 426-438, 2014 | Service level not patient level |
| Torrissen, W., Stickley, T., Participatory theatre and mental health recovery: a narrative inquiry, Perspectives in Public Health, 138, 47-54, 2018 | Sample's diagnoses not clear |
| Van Lith, Theresa, A phenomenological investigation of art therapy to assist transition to a psychosocial residential setting, Art Therapy, 25, 24-31, 2008 | Case study only |
| Van Metre, L., Chiappetta, L., Siedel, B., Fan, T., Mitchell, A. M., Educating for wellness: A wellness education group intervention for adults with chronic severe mental illness living in the community, Issues in Mental Health Nursing, 32, 408-415, 2011 | Sample's diagnoses not >66% psychosis |
| Verbosky Cadena, Sandra Janaswak, Quality of care for persons with severe and persistent mental illnesses residing in assisted living facilities, Dissertation Abstracts International: Section B: The Sciences and Engineering, 60, 6027, 2000 | Dissertation abstract, excluded according to the protocol |
| Whitley, R., Gingerich, S., Lutz, W. J., Mueser, K. T., Implementing the illness management and recovery program in community mental health settings: facilitators and barriers, Psychiatric services (Washington, D.C.), 60, 202-209, 2009 | Not population of interest |
| Whitley, R., Harris, M., Anglin, J., Refuge or rehabilitation? Assessing the development of a women's empowerment center for people with severe mental illness, Community Mental Health Journal, 44, 253-260, 2008 | Sample's diagnoses not clear |
| Wilton, Robert D., Poverty and mental health: A qualitative study of residential care facility tenants, Community Mental Health Journal, 39, 139-156, 2003 | Sample's diagnoses not clear |
| Wood, L., Price, J., Morrision, A., Haddock, G., Exploring service users perceptions of recovery from psychosis: A Q-methodological approach, Psychology & Psychotherapy: Theory, Research & PracticePsychol Psychother, 86, 245-61, 2013 | Sample not asked about a rehabilitation service they had received |
| Woodside, H., Krupa, T., Pocock, K., Early psychosis, activity performance and social participation: A conceptual model to guide rehabilitation and recovery, Psychiatric rehabilitation journal, 31, 125-130, 2008 | Not the population of interest |
| Wrobleski, T., Walker, G., Jarus-Hakak, A., Suto, M. J., Peer support as a catalyst for recovery: a mixed-methods study, Canadian Journal of | Investigating an intervention, not a rehabilitation service |

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| Study | Reason for Exclusion |
|---|---|
| Occupational Therapy - Revue Canadienne d Ergotherapie, 82, 64-73, 2015 | |
| Xavier, J., Looking at ordinary people's tales of living with their mental illness. Interviewed by Dan Parton, Mental Health Today, 31, 2012 | Not a relevant study design: not a semi-structured or structured interview, focus group or mixed methods study. |
| Yates, Joseph Jeremy, Therapists' and patients' perceptions, as they relate to discharge from private inpatient psychiatric hospitals, Dissertation Abstracts International: Section B: The Sciences and Engineering, 77, No Pagination Specified, 2016 | Dissertation abstract, excluded according to the protocol |
| Yeh, L. L., Liu, S. K., Hwu, H. G., Needs and demands for community psychiatric rehabilitation programs from the perspectives of patients and caregivers, Community Mental Health Journal, 47, 415-23, 2011 | Country (Taiwan) |
| Young, A. T., Green, C. A., Estroff, S. E., New endeavors, risk taking, and personal growth in the recovery process: findings from the STARS study, Psychiatric Services, 59, 1430-6, 2008 | Not the population of interest |
| Young, Sharon Leigh, Development and evaluation of a recovery enhancement group for mental health consumers, Dissertation Abstracts International: Section B: The Sciences and Engineering, 60, 3584, 2000 | Dissertation abstract, excluded according to the protocol |

## Economic studies

A global economic literature search was undertaken for this guideline, covering all review questions. The table below is a list of excluded studies across the entire guideline and studies listed were not necessarily identified for this review question.

**Table 9: Excluded studies from the economic component of the review**

| Study | Reason for Exclusion |
|---|---|
| Aitchison, K J, Kerwin, R W, Cost-effectiveness of clozapine: a UK clinic-based study (Structured abstract), British Journal of PsychiatryBr J Psychiatry, 171, 125-130, 1997 | Available as abstract only. |
| Barnes, T. R., Leeson, V. C., Paton, C., Costelloe, C., Simon, J., Kiss, N., Osborn, D., Killaspy, H., Craig, T. K., Lewis, S., Keown, P., Ismail, S., Crawford, M., Baldwin, D., Lewis, G., Geddes, J., Kumar, M., Pathak, R., Taylor, S., Antidepressant Controlled Trial For Negative Symptoms In Schizophrenia (ACTIONS): a double-blind, placebo-controlled, randomised clinical trial, Health Technology Assessment (Winchester, England)Health Technol Assess, 20, 1-46, 2016 | Does not match any review questions considered in the guideline. |
| Barton, Gr, Hodgekins, J, Mugford, M, Jones, Pb, Croudace, T, Fowler, D, Cognitive behaviour therapy for improving social recovery in psychosis: cost-effectiveness analysis (Structured abstract), Schizophrenia ResearchSchizophr Res, 112, 158-163, 2009 | Available as abstract only. |

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| Study | Reason for Exclusion |
|---|---|
| Becker, T., Kilian, R., Psychiatric services for people with severe mental illness across western Europe: what can be generalized from current knowledge about differences in provision, costs and outcomes of mental health care?, Acta Psychiatrica Scandinavica, SupplementumActa Psychiatr Scand Suppl, 9-16, 2006 | Not an economic evaluation. |
| Beecham, J, Knapp, M, McGilloway, S, Kavanagh, S, Fenyo, A, Donnelly, M, Mays, N, Leaving hospital II: the cost-effectiveness of community care for former long-stay psychiatric hospital patients (Structured abstract), Journal of Mental HealthJ Ment Health, 5, 379-94, 1996 | Available as abstract only. |
| Beecham, J., Knapp, M., Fenyo, A., Costs, needs, and outcomes, Schizophrenia BulletinSchizophr Bull, 17, 427-39, 1991 | Costing analysis prior to year 2000 |
| Burns, T., Raftery, J., Cost of schizophrenia in a randomized trial of home-based treatment, Schizophrenia BulletinSchizophr Bull, 17, 407-10, 1991 | Not an economic evaluation. Date is prior to 2000 |
| Bush, P. W., Drake, R. E., Xie, H., McHugo, G. J., Haslett, W. R., The long-term impact of employment on mental health service use and costs for persons with severe mental illness, Psychiatric ServicesPsychiatr Serv, 60, 1024-31, 2009 | A United States costing analysis. Outcomes which relate to the Welfare system differs in substantial ways to a UK context. |
| Chalamat, M., Mihalopoulos, C., Carter, R., Vos, T., Assessing cost-effectiveness in mental health: vocational rehabilitation for schizophrenia and related conditions, Australian & New Zealand Journal of PsychiatryAust N Z J Psychiatry, 39, 693-700, 2005 | Australian cost-benefit analysis - welfare system differs from UK context. |
| Chan, S., Mackenzie, A., Jacobs, P., Cost-effectiveness analysis of case management versus a routine community care organization for patients with chronic schizophrenia, Archives of Psychiatric NursingArch Psychiatr Nurs, 14, 98-104, 2000 | Study conducted in Hong Kong. A costing analysis. |
| Clark, R. E., Teague, G. B., Ricketts, S. K., Bush, P. W., Xie, H., McGuire, T. G., Drake, R. E., McHugo, G. J., Keller, A. M., Zubkoff, M., Cost-effectiveness of assertive community treatment versus standard case management for persons with co-occurring severe mental illness and substance use disorders, Health Services ResearchHealth Serv Res, 33, 1285-308, 1998 | Not cost-utility analysis. Cost-effectiveness analysis but does not consider UK setting. Date of study is prior to year 2000. |
| Crawford, M. J., Killaspy, H., Barnes, T. R., Barrett, B., Byford, S., Clayton, K., Dinsmore, J., Floyd, S., Hoadley, A., Johnson, T., Kalaitzaki, E., King, M., Leurent, B., Maratos, A., O'Neill, F. A., Osborn, D., Patterson, S., Soteriou, T., Tyrer, P., Waller, D., Matisse project team, Group art | Study not an economic evaluation. |

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| Study | Reason for Exclusion |
|---|---|
| therapy as an adjunctive treatment for people with schizophrenia: a randomised controlled trial (MATISSE), Health Technology Assessment (Winchester, England)Health Technol Assess, 16, iii-iv, 1-76, 2012 | |
| Dauwalder, J. P., Ciompi, L., Cost-effectiveness over 10 years. A study of community-based social psychiatric care in the 1980s, Social Psychiatry & Psychiatric EpidemiologySoc Psychiatry Psychiatr Epidemiol, 30, 171-84, 1995 | Practice has changed somewhat since 1980s - not a cost effectiveness study. |
| Garrido, G., Penades, R., Barrios, M., Aragay, N., Ramos, I., Valles, V., Faixa, C., Vendrell, J. M., Computer-assisted cognitive remediation therapy in schizophrenia: Durability of the effects and cost-utility analysis, Psychiatry ResearchPsychiatry Res, 254, 198-204, 2017 | Cost effectiveness study, but population of interest is not focussed on rehabilitation for people with complex psychosis. |
| Hallam, A., Beecham, J., Knapp, M., Fenyo, A., The costs of accommodation and care. Community provision for former long-stay psychiatric hospital patients, European Archives of Psychiatry & Clinical NeuroscienceEur Arch Psychiatry Clin Neurosci, 243, 304-10, 1994 | Economic evaluation predates 2000. organisation and provision of care may have changed by some degree. |
| Hu, T. W., Jerrell, J., Cost-effectiveness of alternative approaches in treating severely mentally ill in California, Schizophrenia BulletinSchizophr Bull, 17, 461-8, 1991 | A United States costing analysis. Outcomes which relate to the Welfare system differs in substantial ways to a UK context. |
| Jaeger, J., Berns, S., Douglas, E., Creech, B., Glick, B., Kane, J., Community-based vocational rehabilitation: effectiveness and cost impact of a proposed program model.[Erratum appears in Aust N Z J Psychiatry. 2006 Jun-Jul;40(6-7):611], Australian & New Zealand Journal of PsychiatryAust N Z J Psychiatry, 40, 452-61, 2006 | Study is a New-Zealand based costing analysis of limited applicability to the UK. |
| Jonsson, D., Walinder, J., Cost-effectiveness of clozapine treatment in therapy-refractory schizophrenia, Acta Psychiatrica ScandinavicaActa Psychiatr Scand, 92, 199-201, 1995 | Costing analysis which predates year 2000. |
| Knapp, M, Patel, A, Curran, C, Latimer, E, Catty, J, Becker, T, Drake, Re, Fioritti, A, Kilian, R, Lauber, C, Rossler, W, Tomov, T, Busschbach, J, Comas-Herrera, A, White, S, Wiersma, D, Burns, T, Supported employment: cost-effectiveness across six European sites (Structured abstract), World Psychiatry, 12, 60-68, 2013 | Available as abstract only. |
| Lazar, S. G., The cost-effectiveness of psychotherapy for the major psychiatric diagnoses, Psychodynamic psychiatry, 42, 2014 | Review of clinical and cost studies on psychotherapy. Studies cited do not match population for relevant review question. |

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| Study | Reason for Exclusion |
|---|---|
| Leff, J, Sharpley, M, Chisholm, D, Bell, R, Gamble, C, Training community psychiatric nurses in schizophrenia family work: a study of clinical and economic outcomes for patients and relatives (Structured abstract), Journal of Mental HealthJ Ment Health, 10, 189-197, 2001 | Structured abstract. Not a cost effectiveness study. |
| Liffick, E., Mehdiyoun, N. F., Vohs, J. L., Francis, M. M., Breier, A., Utilization and Cost of Health Care Services During the First Episode of Psychosis, Psychiatric ServicesPsychiatr Serv, 68, 131-136, 2017 | A United States costing analysis. Outcomes which relate to the Welfare system differs in substantial ways to a UK context. |
| Mihalopoulos, C., Harris, M., Henry, L., Harrigan, S., McGorry, P., Is early intervention in psychosis cost-effective over the long term?, Schizophrenia BulletinSchizophr Bull, 35, 909-18, 2009 | Not a cost utility analysis. Australian costing analysis. |
| Perlis, R H, Ganz, D A, Avorn, J, Schneeweiss, S, Glynn, R J, Smoller, J W, Wang, P S, Pharmacogenetic testing in the clinical management of schizophrenia: a decision-analytic model (Structured abstract), Journal of Clinical Psychopharmacology, 25, 427-434, 2005 | Structured abstract. Does not match any review question considered in this guideline. |
| Quinlivan, R., Hough, R., Crowell, A., Beach, C., Hofstetter, R., Kenworthy, K., Service utilization and costs of care for severely mentally ill clients in an intensive case management program, Psychiatric ServicesPsychiatr Serv, 46, 365-71, 1995 | A United States costing analysis. Outcomes which relate to the Welfare system differs in substantial ways to a UK context. |
| Roine, E., Roine, R. P., Rasanen, P., Vuori, I., Sintonen, H., Saarto, T., Cost-effectiveness of interventions based on physical exercise in the treatment of various diseases: a systematic literature review, International Journal of Technology Assessment in Health CareInt J Technol Assess Health Care, 25, 427-54, 2009 | Literature review on cost effectiveness studies based on physical exercise for various diseases and population groups - none of which are for complex psychosis. |
| Rosenheck, R A, Evaluating the cost-effectiveness of reduced tardive dyskinesia with second-generation antipsychotics (Structured abstract), British Journal of PsychiatryBr J Psychiatry, 191, 238-245, 2007 | Structured abstract. Does not match any review question considered in this guideline. |
| Rund, B. R., Moe, L., Sollien, T., Fjell, A., Borchgrevink, T., Hallert, M., Naess, P. O., The Psychosis Project: outcome and cost-effectiveness of a psychoeducational treatment programme for schizophrenic adolescents, Acta Psychiatrica ScandinavicaActa Psychiatr Scand, 89, 211-8, 1994 | Not an economic evaluation. Cost effectiveness discussed in narrative only, with a few short sentences. |
| Sacristan, J A, Gomez, J C, Salvador-Carulla, L, Cost effectiveness analysis of olanzapine versus haloperidol in the treatment of schizophrenia in Spain (Structured abstract), Actas Luso- | Available as abstract only. |

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| Study | Reason for Exclusion |
|---|---|
| espanolas de Neurologia, Psiquiatria y Ciencias Afines, 25, 225-234, 1997 | |
| Torres-Carbajo, A, Olivares, J M, Merino, H, Vazquez, H, Diaz, A, Cruz, E, Efficacy and effectiveness of an exercise program as community support for schizophrenic patients (Structured abstract), American Journal of Recreation Therapy, 4, 41-47, 2005 | Available as abstract only |
| Wang, P S, Ganz, D A, Benner, J S, Glynn, R J, Avorn, J, Should clozapine continue to be restricted to third-line status for schizophrenia: a decision-analytic model (Structured abstract), Journal of Mental Health Policy and Economics, 7, 77-85, 2004 | Available as abstract only. |
| Yang, Y K, Tarn, Y H, Wang, T Y, Liu, C Y, Laio, Y C, Chou, Y H, Lee, S M, Chen, C C, Pharmacoeconomic evaluation of schizophrenia in Taiwan: model comparison of long-acting risperidone versus olanzapine versus depot haloperidol based on estimated costs (Structured abstract), Psychiatry and Clinical Neurosciences, 59, 385-394, 2005 | Taiwan is not an OECD country. |
| Zhu, B., Ascher-Svanum, H., Faries, D. E., Peng, X., Salkever, D., Slade, E. P., Costs of treating patients with schizophrenia who have illness-related crisis events, BMC Psychiatry, 8, 2008 | USA costing analysis. The structure of the US health system means that costs do not translate well into a UK context. |

# Appendix L – Research recommendations

**Research recommendations for review question 4.2: What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?**

No research recommendations were made for this review question.

# Appendix M – Quotes extracted from the qualitative papers

**Quotes extracted from qualitative papers for review question 4.2: What rehabilitation approaches, care, support and treatment are valued by people with complex psychosis and related severe mental health conditions, and by their families and carers?**

**Table 10: Quotes extracted from the qualitative papers**

| Author | Author's reported finding | Quote |
|---|---|---|
| Berry 2017 | Improved staff understanding of patients | Just verbally sort of encouraging the patients to be sort of in a good mood, instead of telling them off like they do. [P701] |
| | | No, it's just the same, it's still the same. [P205] |
| | Staff increased awareness of feelings | I think the staff recently have been more open in talking about things with us. And talking not just recreationally but talking about your problems. [P401] |
| Boycott 2015 | IPS services | He's encouraging me to do, you know, apply for the jobs and he's helping me when I don't get the job. And also he's a nice person to talk to, you just feel like you can talk to him about it... |
| | | He's encouraging me to do, you know, apply for the jobs and he's helping me when I don't get the job. And also he's a nice person to talk to, you just feel like you can talk to him about it...<br><br>Taking my ambitions seriously, yeah, he didn't think oh you're doing too much, you shouldn't do this, you shouldn't do that... |
| Chung 2016 | Positive affective changes | He just seems a lot more outgoing and a lot happier, a lot calmer, more confident. [The Clubhouse] gives him a purpose. [#021] |
| | | He's at work. He's social. He goes to the Clubhouse. He goes to church. His waking hours he's with people, and then I used to feel bad that he's home alone a lot, but he's only home in the evening for a couple of hours and then he's in bed and getting ready for the next day. [#021] |
| | Improved goal-directed and challenging behaviors | I guess his behavior was that you know I told you he was suicidal, so that's changed. He's not as suicidal. [#018]<br><br>She's much calmer, and she holds a much more now adult conversation with you. She kinds of reasons more, don't you think now?. . .'Cause before she would fly off the handle and oh storm and slam the door, but she has more of an adult behavior now. [#011] |
| | | Showering, getting up on time, getting dressed, clean clothes, keeping her apartment clean. Really I used to have to say 'Don't forget to wash your clothes. Don't forget to vacuum', and she's done it on her own. [#021] |
| | Positive attitude changes | . . . he's done a lot of different things that he didn't do particularly before. He loves to go bowling and he loves it when they have movies or a hike or something like that. [#023] |
| | | That's one thing specific that I know for certain that the Clubhouse had a part in. I know he's glad to be working, but I know with regard to |

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| Author | Author's reported finding | Quote |
|---|---|---|
| | | working, he wants to be able to work . . . He wants to be able to support himself. [#013] |
| | Greater social interactions | The social network has improved dramatically also, but he's always made friends wherever he goes, but now he has all the friends that he's made at the apartment complex and the members of the Clubhouse and wherever he goes. So well it's increased. [#001] |
| Coniglio 2010 | Social Inclusion and Belonging | It's a great feeling you have between one another. It's that sense of community and I think that sense of community is really important especially when you've got a mental illness when you might have been marginalised [Participant 7] |
| | Shared Achievement Through Doing | My roles are receptionist, editing, helper. I see myself as a contributor by coming to Clubhouse … I contribute to the functioning of the house and to other members. We give and we receive…It all gives me a sense of purpose, self-esteem and you feel like you're not just a vegetable. You're actually doing something worthwhile [Participant 1] |
| | | You can just sit down next to anybody and do a task and before you know it, you know them … it's easier for me to be in a work environment and make friends than be in a 'sitting down, doing nothing' environment [Participant 7] |
| | Interdependency | If you're down, you don't need to explain that you're not feeling well. You can just talk about it and people understand. There is no need to explain yourself … people don't expect explanations [Participant 8] |
| | | Sharing your experience helps your look at your own illness and see that you're not the only one who's had depression or mania or got schizophrenia. You feel as though you're okay because there are other people who are experiencing that too … you can help each other through the bad times because you know where each other is coming from [Participant 10] |
| | | We do have the same issues with our illness or some of the same issues, side effects of the mental illness and all kinds of things to do with mental illness. And if you didn't meet with other members then you wouldn't get to talk about side effects so it's really helpful to have friends who are going through the same thing [Participant 7] |
| | Intimacy | Around the work-ordered day, you get to know people. After a while, you know who you can trust … They take a while to trust you but once they do trust you, they trust you. With a drop-in centre, I couldn't imagine that you'd get the same amount of trust with people. They're just dropping in, saying hello and having a cup of tea and going [Participant 9] |
| | Negative Outcomes of Peer Support | At the same time I wonder if I give too much in the way that I might not be doing that person any good and am I making him too dependent on me. I wonder at what point do I draw the line? [Participant 6] |
| Cullen 2015 | Quality of life and recovery | Physical activity enhances your enjoyment in life you feel part of something and you know that your important. [P7, M53] |
| Dunn 2010 | Receiving social support (from mental health workers) | . . . when I got ready for work, they just started advocating for me. And a position came up that I was perfect for and suggested me to the hiring manager . . . and he hired me. |
| | | I got a 20-hour a week job. [The program director] helped me out, get started again. And I really liked that. And then I lost my disability check and she gave me 10 more hours a week in the kitchen. |

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| Author | Author's reported finding | Quote |
|---|---|---|
| | Having access to consumer-oriented programs | I'd just spent time at [psychiatric hospital] . . . looking for work, and someone . . . told me that [consumer leader] was looking for someone to do some bookkeeping, so . . . I went to the [self-help program]. . . . And I did their bookkeeping for a number of years. And that was a good experience for me. So I got to know a lot about what [name of consumer leader] was doing, and other people in the movement. |
| | | They're wonderful . . . they knew me when I was coming out of a totally isolated state to . . . being capable to reclaim my life. And they've been really supportive. We joke around a lot, have a nice time, and work hard, but we have a good team spirit here. |
| Gahnstrom-Strandqvist 2003 | From an Unsatisfying Context to an Occupational Context | I wanted a job. I couldn't do anything at home. I lay on my bed all the day. |
| | | I really needed to start here. I did not have to stay at home. It was so hard at home. I was given so much medicine, too, so I was not very creative, you know. It was such a relief to come to the cooperative. Here I found someone to talk to and could work a little and putter about. |
| | | I can participate in the decisions and I have the same right to consider and to hold an opinion as everybody else. |
| | | the supervisors have more understanding for persons like us. |
| | Meeting Human Occupational and Social Needs | I do not know if I am different in the eyes of other people. I often feel that I am deviant in society, because there the attitudes are quite different. But here I don't find anybody different from me. We are on the same level. There is much more tolerance about the way to behave here. I can be myself. One is allowed to be a bit strange. Nobody thinks it is strange if you are like that one day. Yes, I behave a bit strangely, mutter to myself and things like that. |
| | | Having a place to go to, a workplace. The working cooperative is everything for me. Nothing is more important. All hangs together. Here there is work all the time. I can always drop in. I can talk to anybody about practically anything. I can listen to music. It is as good as it can be. |
| | | It is always nice to make a trip together or see a musical. I enjoy that. |
| | | It is a pleasure to be and to feel needed. We get no personal financial profit. We have social goals, like a Christmas buffet, a crayfish party, and then a trip once a year, and when it is someone's birthday, we'll always have a cake. |
| | To Stay or To Leave | I shall go back to my old job on trial for 3 months [this participant was the only one who had kept her prior job]. I am very worried about failing. Here I am so secure. Yes, I have been ill and returned [to the old job] many times, but I have never left the working cooperative. But I have been here in the working cooperative for a fairly long time [3 years] and now I feel much better. |
| | A Normalizing Life | Now I can also tell [the neighbors] that I go to work. |

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| Author | Author's reported finding | Quote |
|---|---|---|
| | | Now I am proud of working and not staying home doing nothing, all day long. |
| Huck 2018 | Direct interventions | I think they do a good job and they have groups for certain people because certain people have limitations on what they can do and I think there's a group for everyone at [service provider] to work out. |
| | Indirect interventions | I remember one time I had kind of like become a shut-in, you know, and I was talking with my psychiatrist and I was in his office . . . and he like whipped out my chart and he was like, let's look back three, four months and then he reminded me of how I was feeling back then when I was going to the gym and I was like, oh. That was kind of cool. I hadn't anticipated that. |
| | Motivational interventions - Social support | I'm going to add to what [other participant] said and that is that he mentioned about how yoga class was because it was more of a social activity and that's something that sports actually provides for me and that's one of the reasons why it's important because it's a marvelous social activity instead of like all by yourself. |
| | | You know, it's a lot easier for people with mental health issues to work with other people with mental health issues because you feel like, you know, hey, they, you know, I'm not the only one dealing with mental health issues so like just groups that, I mean, and [service provider] does provide groups like that but it's always encouraging to be around people that are struggling with mental health issues just like you are or whatever. |
| Kennedy-Jones 2005 | Experiences with the clubhouse programme | [a] safe environment with people who understood just what I had been through, and not having to explain myself … I just needed to get some confidence back [Amanda 251]. |
| | Support of significant others | I had a really excellent case-manager who seemed to take a real interest in what I was doing, … he's always remained a really important part in my life towards working … when I was having problems … at this place I was working … he said, 'don't see yourself as a victim … don't go suing them or go to the union … don't … get involved in all that type of stuff … just get back on track … get back out into the world' … instead of … feeling sorry for myself … He's been really important [Amanda 612]. |
| | Personal meaning of work | 'it's much easier for me if I've got work and it's structured, that I've got to do something … it gets me motivated to do stuff …' [Amanda 544]. |
| | | I'm getting a bit of respect, a bit more again … that's what gives me the drive that's the only thing … a feeling [I've] accomplished something and that other people know about it. That's the only thing I'm enjoying and I don't get a warm fuzzy feeling by writing a piece of code, it's pretty cold and lifeless [Peter 625]. |
| | | just the social side too, being with people, the social interactions [Amanda 529]. |

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| Author | Author's reported finding | Quote |
|---|---|---|
| Killaspy 2017 | Facilitating activities | . . . like quad biking, walking ponies, horse riding, segways, martial arts in the forest, loads of things. Unit 0701, male, service user, 22<br><br>I just don't like it [activity groups] – I haven't really got a choice you know. Unit 0701, male, service user, 26 |
| | Ethos and approach | . . . well you get more freedom, and you're not with people who have just become ill . . .  Unit 1703, female, service user, 55<br><br>I have come from being, wrapped in cotton wool, right to, you know, this life centre, of go and enjoy it, do what you want you want to do, and the staff will say, they will support you. Unit 1802, male, service user, 45 |
| | Service users' interest in activities | They tried to organise activities, um get us involved in the running of the unit, um, just basically that really, getting us involved in different activities.<br>[Having the intervention team on the ward was] a good thing because it got people motivated to do different things, instead of just sitting in front of the telly [laughs]. Service user 2, unit 3106 |
| | | Well when I first came here, I only used to go to a few groups, the men's group or something like that, and that was twice a week, and then during the week, we'd sometimes go to a garden centre now and again, you know, and then we used to go to pictures and then bowling, and that was within the month or sometimes these were within the week, you know, but as I've gradually come along, over the past two and a half years, I've more or less been changed to do my own thing, and I don't go to men's group anymore, but I do sometimes go out with them when they go into the garden centre, and we do go to a snooker club once a week. Service user 1, unit 4204 |
| Koletsi 2009 | Incentives to continue working | 'I felt that I had a new identity and was needed by others' |
| | | 'Your self-confidence improves as you feel more satisfied, you can achieve something and also earn money' |
| | Disclosure of mental health problem | 'My IPS worker spoke to my employer and gave information about my illness, the abilities I have. My IPS worker was often at my workplace and initiated dialogues between me and my employer' |
| | Help finding work | 'My IPS Worker was not prejudiced towards me; she was kind and able to calm me down. She found me a job, was hopeful and motivating'. |
| | | 'I was driven to do this job because of my situation… I cannot use my skills and qualifications in my job'. |
| | | She put a little pressure on me about why I should work at this place. She organised meetings and took the role of mediator and always asked me how I was coping with my job'. |
| | | 'She found jobs for me, calmed me down and gave me helpful advice about how to get on with my boss'. |
| Lindstrom 2013 | The rediscovery of agency | You know at first I thought she would help me, but then I realized that she let me do everything that I could handle. And then she just sat at the kitchen table while I kept working. She talked to me while I was doing things, but I had to do everything myself. When I asked her if it was supposed to be like this, she explained that she was there to help me to become more secure and also flexible in how I plan for and prepare meals. She would help me reach my own goals of becoming more and more independent. Afterwards, I thought about what she said |

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|---|---|---|
| | | and I thought it felt a bit strange that she was there without doing much, and yet observing. I think that after that occasion I began to reflect more about myself and how I usually do things, and what I can actually manage. She almost did not need to help me with anything at all. |
| | | First we talked about how to do it and then we did it, and then we talked about what had happened and what I would go for the next time. She was pushing me a bit and based her suggestions on what I wanted. She gave tips and shared ideas, and she encouraged me when I reached my goals. |
| | Re-entering the majority world | We live in two kinds of worlds. One is life in the inside world, in a double sense, and the other is life in the real world. Life on the inside, I think, is both the internal one inside my head and being limited to the confined life that comes with sheltered housing. . . . Through the rehabilitation I have come in contact with the big majority world on the outside again, and it makes me think a lot about values, life circumstances, and options. |
| | | I have become stronger through the program and doors have been opened to more varied activities and actually getting out. It is a great feeling to go outside the housing facility. It feels great to be strong and outgoing. |
| | The extended value of reaching goals. | Walking is more than a task: it gets you going. I feel good and energized if I've managed to go for a walk. . . . I notice that I have become happier and stronger and a little less afraid when we walk or move in this direction. |
| Liu 2007 | Removing Barriers to Job Seeking | [My case manager] drove [me] around different parts of the city and dropped off résumés, and that was really, really, really helpful. . . . You can't expect a case worker to drive you around all over the place. You don't expect them to have that kind of time. But ideally, they should be doing that, because it's really critical to the clients . . . because if they don't get [that support], they're not going to get a job. [Gena] |
| | | I do have access, actually, to their resources [at the agency], like the computer, fax machine, printer. So I can also print up copies of my résumé here send them off. I can apply for jobs over the Internet as well. [Brant] |
| | | [We learn] about job stress, and what to do if you don't get along with your boss, or stuff like that. That's good to find out what you can do. And . . . we find out about services that are available to us. . . . [Cecelia] |
| | Encouraging a partnership between case managers and participants. | [My case manager] seemed to go more for what they call the hidden job market, type of thing. [She]'d just drive to a specific area and we'd look around each individual business, and if that looked good, drop off a résumé there. [She]'d go in and talk to them, and basically sort of promote me, I guess. [Gena] |
| | Too much support can feel bad | But . . . when you're sitting there with somebody from an agency at an interview, the employer is wondering, I think, Why is this person here with them?" Normally, a person would be there on their own. Do you know what I mean? . . . Ideally, it would be best if I was there alone with the employer. That would be the ideal, but sometimes, it is helpful because I'm not at my best, and [she] can point out things and speak to things that the employer asks. So I mean it's nice that [she]'s willing to do that, but it's not good in that it makes me look a little bad, you know. [Brant] |

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|---|---|---|
| | Improving Psychological Well-Being | [My case manager]'s a professional [at] looking for work, I'm not. I'm not a professional job-seeker. . . . [She]'s been doing it for years and years, and [she] seems to know what [she]'s doing, and [she] seems to know where not to apply and where to apply, and I don't. I'm just going there randomly and just guessing. I have no idea what the workplace is like, and [she] knows what the workplace and stuff is like in a lot of places. . . . [She]'s quite knowledgeable. [Gena] |
| | | I learned that I'm not the only one in the same boat. Everybody's in the same boat. They're all trying to look for work. We all have one goal [to find work] in mind. [Fiona] |
| | | See, the thing that I think is important here is that the people in this program, [the staff members], haven't dubbed me as somebody with a mental illness or a disability. They treat me as another competent person . . . that they can assist. That's really helpful; that's really nice. I think that's the one thing I appreciate the most. . . . [Brant] |
| Luciano 2014a | Building a Supportive Community | I think it really helped my recovery by having others recover with me. It propelled me in a positive direction. |
| | Meaningful Activities | I guess being organized has been the most helpful for me, and [the program] has been a part of that. And having goals— simple goals. The organization and the willingness to find time for me when I need it. |
| Luciano 2014b | Ambitious Career Goals | . . . I've thought about teaching ESL, getting certified to teach English either in the U.S. or abroad. With the health stuff I've thought about possibly going to become a massage therapist and from there, maybe a physical therapist. And I know that I like physical labor and being outside. I've done some farming in the past, so that's another thing that I've thought about doing again. So those are some of the things I've been thinking about as far as work. |
| | Career Development and Treatment Engagement | She's a friend. She's a care manager. I don't know, she just supports me with where I want to go and what my goals are |
| Maisto 1999 | Individual therapy | because I promised [my therapist] and I will not go back on my word with [my therapist]. I'll tell you why; [my therapist] has been good to me, she's helped me out so much, she's been there and I'm not going to let her down. . . she's a friend. |
| | | My therapist . . . told me I was getting in trouble, drugs had a lot to do with it . . . the drugs and alcohol. She used to confront me on it like that . . . she didn't push me away . . . it helped me quit |
| | Group therapy | I learned a lot of stuff from the group . . . like how . . . beer and alcohol . . . [do] to your body . . . I'm going to be more careful . . . |
| | | group gives you a place to be, a reason to be there. |
| | | We're all in the same boat and knowing that you're not alone is good . . . |
| | Self-Help 12-Step Groups | I got a medallion to celebrate cleanliness and health |
| | | They tell bad things about alcohol . . . some people had four DWIs, or had lost their mom, or lost someone in a car accident |

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|---|---|---|
| | Rehabilitation Programs | It got me out of the house where I was living and there was people dealing it. |
| Mancini 2013 | The Importance of Practical Guidance and Unconditional Support | I think harm reduction really works because –traditional forms of treatment has always been total abstinence. You can't tell nobody "you have to quit" until they're ready to quit. You're not gonna quit 'til you're ready to quit, regardless….I see people run to treatment every six months. They go run to 30-day treatment thinking, "Oh, I'm gonna get clean." They're out in four months and they're back to . I said, you know, "I'm gonna quit doing it because I'm sick of having to go to treatment." And that to me was the biggest thing. I like it [Harm reduction] because it gives the space you need for the person to make the decision to quit. It's not like somebody else is making the decision for you. [Consumer quote] |
| | | Okay, we're not saying to quit right now because we know right now in the place you're at, you can't. But if you're going to fucking use, be safe about it so that you don't die, so that you've got a chance to reach that point and say, 'All right, I'm gonna quit.' [Consumer Quote]. |
| | The Negative Impact of Ambiguity | They said to me, if you want to use, you can do all you want to do and as long as you don't bring it in the building and all that stuff. I don't know if that philosophy is a real good thing. I think it enables sometimes people to go out and use. Uh, because you're telling them, we don't care. You know, we don't care if you go out and do your crack or whatever, just don't bring it in the building. But, what I've seen, with my own eyes since I've been here, they go out and use, once they go out and they use, they're gonna bring their stuff back with them…. I think it has a lot to do with telling them, hey you can go out and use. [Consumer Quote]. |
| Marshall 2010 | CRM not presented to consumers in an appealing manner | You present it to the consumers first… we all get together and get excited about it and then the support worker comes along…the way I received it is that she landed on my doorstep with these big fat books and just basically said this is the way we have to do it [participant, QLD group] |
| | Inadequate discussion with consumers around recovery | It was a bit like the birds and the bees scenario (reflecting on staff discussion of recovery)…I got the talk but it wasn't a warm and friendly discussion around who you might marry or whatever, it was just the talk [participant, QLD group] |
| | Some staff had negative attitudes towards the CRM and felt unsupported | If a support worker makes you understand they don't agree with the paperwork you're going to go oh good, I'll get out of this, because they don't want to do it anyway. So maybe that is something in your training that has to be changed [participant, NSW group] |
| | Too much emphasis on written documentation for some people | I hate reading. I just usually go through it and write down whatever and ignore it…I find that annoying too much reading [participant, NSW group] |
| | | You wanted to get your own place or something just cut a picture from the newspaper of a house that you love…I know it's a method but I don't think people use it enough [participant, QLD group] |
| | Goal and homework sheets owned by mental | When you do something that's your own… your own diary or your own journal it's very different then if you do something like that (goal and homework sheets) which looks so official [participant, QLD group] |

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|---|---|---|
| | health staff, as opposed to consumers | I think you should have your own book and keep it yourself [participant, QLD group] |
| | Difficulty regarding goal striving during periods of illness | I don't think it's actually important to have a goal when you're unwell because that can actually make you more unstable…well I believe that you should be working on it, but not so much [participant, NSW group] |
| | The use of word "homework" and "recovery vision" | You're an adult, it's really offensive for someone to tell an adult to do their homework [participant, QLD group] |
| | | Homework, it's actually something I have to do but I don't want to do it…like you're back at school again [participant, NSW group] |
| Panczak 2016 | A sense of community | I have some friends. One is not so lonely any more. You can talk to someone and someone will listen to you. |
| | Work-related burdens | It was a very difficult experience for me, but my wounds healed after a while. Everything comes back to normality. I am not used to picking on someone but, when someone gets me going – and I am a nervous person – then we might have a tiny conflict. It happens rarely, though, because I am on their side [I am a VDC employee]. I try to do my job properly. |
| | | The only difficult thing here is some obsessive behavior of a colleague of mine. His symptoms are just so tiring. I am completely spent, physically and mentally, just because of him, by listening to him and by looking at him. This has a bad influence on me and there is nothing I can do. They should do something about him – his doctor, or people managing this place. |
| | Understanding | This tolerance really helps me. A year ago I was on some new medication. We were doing a catering job and the manager wanted me to prepare something, but I was unable to stand up straight. Wherever I sat down for a moment, I immediately fell asleep. If this happened in a typical workplace, the café manager would probably ask: "Have you been taking drugs or something? Are you still drunk after a party?" Whereas here, I just told the manager that I was taking new medication for the first time, and she totally understood. |
| | Financial gratification | This was helpful because I have become more independent recently. I need to manage my money so that I have enough till the end of month and my next salary or the health benefits. I need to think about paying for my flat, bills, and things like shopping. Of course, this also teaches me to save money. |
| | Positive self-image of employee | When I saw that such people can still work, that they can be given a job, this really touched me. It really warmed my soul. People say: "The disabled, what can they do?" I have heard such comments. It is so important to actually do something, so that you're not an outcast from society. |
| | An activating function of work | Work teaches me consistency and reliability. I don't know how to express that. For example, I start work at six in the morning, so it motivates me to get up. I know that others would stay in bed and do nothing. I get up, wash myself, and go to work. The fact that I get up and go to work gives me strength to carry on working |

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|---|---|---|
| Pooremama li 2017 | Lack of access to adequate support and resources | '. . . A person with a similar background understands what I mean . . .' [Hamed]. |
| | Shadow of stigma | '. . .they think immigrants are lazy. . . I want employment and to get paid' [Dani]. |
| | Lack of voice or representation, feeling like an outsider | 'All those who are responsible are Swedes. It's evident that one feels like an underdog all the time, we have to do what they say as it is their country' [Hamed]. |
| | Person-related barriers | 'my illness affects my ability to learn about the Swedish language and the Swedish culture, which has led to loss of employment, loss of income and loss of status' [Hamed].<br><br>'. . .when someone understands my language, things are a lot easier. . . I'm not sure about what to do, and I'm waiting to be given an employment task. . . and I can't give any suggestions as I have trouble with the language' |
| van Langen 2016 | Practice | I liked the whole structure of the IMR programme with setting personal goals, working toward them and talking about your strategies and progress every session. [Participant 2]. |
| | The IMR Textbook | I thought it was good to read all the information in the textbook; to me this was a great help. For me the textbook was a kind of manual. Especially the information about psychosis, schizophrenia, medication and about recovery helped me. [Participant 1]. |
| | Goal-Setting Skills | Make things manageable. When I have a huge goal, it's complicated. I still divide this goal in smaller parts, that's how it becomes attainable. [Participant 7]. |
| | Symptom Management Skills | Now, I don't do nightshifts anymore and I recognise the signs of a relapse. When I start to see different colours I call two friends and my nurse. [Participant 6]. |
| | Sharing Peer Information | Talking about my psychotic episodes in the group felt more comfortable, compared to talking to people who don't have the same experiences. In doing so I could deal with my past. [Participant 3]. |
| | | He (the peer-support specialist) tried to help others with his experiences, this gave me the strength to believe I could progress too…I wanted more than an eight hours voluntary work and enrolled in a job as trainee employee. [Participant 3]. |
| | | I told you before about people [from her own social context] who responded strangely after I told them about my experiences … in the IMR programme this was different; they took me seriously and asked relevant questions, so I felt free to talk about my experiences.... After that, more people started to talk. The trainer told me he appreciated I often took the lead in sharing my experiences. [Participant 2]. |

*CRM: Collaborative Recovery Model; IMR: illness management and recovery; IPS: individual placement and support*

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