

## 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 TBC*

*Evidence review*

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1

# 1 Rehabilitation approaches, care, support 2 and treatment that are valued by recipients

3

## 4 Review question 4.2: What rehabilitation approaches, care, 5 support and treatment are valued by people with complex 6 psychosis and related severe mental health conditions, and 7 by their families and carers?

### 8 Introduction

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

### 14 Summary of the protocol

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

#### 17 Table 1: Summary of the protocol (PICO table)

<b>Population</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Phenomena of interest</b>	<p>Themes and specific outcomes will be identified from the literature, however expected themes might include:</p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• 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).</li> <li>• 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.</li> <li>• Financial and employment support: information about funding and support to access accommodation; information and support to access appropriate welfare benefits; support and guidance on</li> </ul>

	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.
<b>Context</b>	<ul style="list-style-type: none"> <li>• Countries: UK, Australasia, Europe, USA, Canada.</li> <li>• Date: Studies conducted post 1990</li> </ul>

1 For further details see the review protocol in appendix A

## 2 Clinical evidence

### 3 Included studies

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

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

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

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

### 18 Excluded studies

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

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

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

### 24 Table 2: Summary of included studies

Study and aim of the study	Participants	Methods	Themes
<b>Berry 2017</b>  <b>Country</b> UK  <b>Aim of the study</b> To identify the effects of 'Team Formulation' on practice from the perspectives of staff and patient, including barriers	<b>Sample size</b> 20 service users and 57 staff  <b>Diagnoses</b> Schizophrenia: 16, Schizoaffective disorder: 2, Bipolar disorder: 2  <b>Characteristics</b>	<b>Recruitment Details</b> All eligible staff and service users from 10 rehabilitation wards participating in an intervention trial.  <b>Data collection details</b> Semi-structured interviews	Being on a rehabilitation ward

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

Study and aim of the study	Participants	Methods	Themes
<p><b>Aim of the study</b> The aim of the current study was to explore the subjective experiences of people diagnosed with serious mental illness in relation to physical activity</p>	<p>Schizophrenia &amp; schizoaffective disorder-8, Bipolar disorder-2</p> <p><b>Characteristics</b> Age range: 26-60 years; Gender: M/F: 6/4</p>	<p><b>Data collection details</b> Semi-structured interviews</p> <p><b>Analysis Details</b> Thematic analysis</p>	
<p><b>Dunn 2010</b></p> <p><b>Country</b> USA</p> <p><b>Aim of the study</b> This study aimed to investigate perspectives on employment and its relationship to their vocational recovery in people with severe mental illnesses</p>	<p><b>Sample size</b> 23 service users</p> <p><b>Diagnoses</b> Schizophrenia-spectrum disorder 16 , Major depression 2, Bipolar disorder- 5</p> <p><b>Characteristics</b> Age range: 27 to 59 years; Gender: NR</p>	<p><b>Recruitment Details</b> Thirty nine respondents were screened and 24 were included in the study</p> <p><b>Data collection details</b> Semi-structured in depth interviews</p> <p><b>Analysis Details</b> Interviews were transcribed by a professional transcriptionist, checked for accuracy, coded until consensus was reached and conceptual framework was developed</p>	<p>Employment support programs</p> <p>Consumer oriented programs</p>
<p><b>Gahnstrom-Strandqvist 2003</b></p> <p><b>Country</b> Sweden</p> <p><b>Aim of the study</b> This study aimed to explore the meanings of the lived experiences of persons with long-term mental illness at a social working cooperative</p>	<p><b>Sample size</b> 18 service users</p> <p><b>Diagnoses</b> Schizophrenia- 14 , Borderline or anxiety-phobic disorders- 4</p> <p><b>Characteristics</b> Age range: 24-60 years; Gender: M/F: 8/10</p>	<p><b>Recruitment Details</b> Eighteen out of nineteen contacted agreed to participate</p> <p><b>Data collection details</b> Interviews and field observations</p> <p><b>Analysis Details</b> Data were analyzed and interpreted using the Empirical, Phenomenological, Psychological method</p>	<p>The value of employment</p> <p>Consumer oriented programs</p>
<p><b>Huck 2018</b></p> <p><b>Country</b> USA</p> <p><b>Aim of the study</b> 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</p>	<p><b>Sample size</b> 18 service users</p> <p><b>Diagnoses</b> 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</p> <p><b>Characteristics</b> Mean age: 34.4 (SD: 12.3); Gender: M/F: 13/5</p>	<p><b>Recruitment Details</b> Eighteen participants elected to participate in the study and were recruited</p> <p><b>Data collection details</b> Focus group interviews using semi-structured protocol</p> <p><b>Analysis Details</b> Data were analyzed by consensual qualitative research process of translating the frequency of participant comments</p>	<p>Physical activities</p>

Study and aim of the study	Participants	Methods	Themes
		into a standard measure of representativeness	
<p><b>Kennedy-Jones 2005</b></p> <p><b>Country</b> Australia</p> <p><b>Aim of the study</b> 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.</p>	<p><b>Sample size</b> 4 service users</p> <p><b>Diagnoses</b> Schizophrenia- 3; severe mood disorder- 1</p> <p><b>Characteristics</b> 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)</p>	<p><b>Recruitment Details</b> Four participants selected through an intermediary were included in the study</p> <p><b>Data collection details</b> Semi-structured in-depth interview</p> <p><b>Analysis Details</b> Data were analyzed by narrative synthesis</p>	<p>The value of employment</p> <p>Employment support programs</p> <p>Consumer oriented programs</p>
<p><b>Killaspy 2017</b></p> <p><b>Country</b> UK</p> <p><b>Aim of the study</b> Identify the elements of service provision, structural and cultural, that facilitate excellence in rehabilitation services or, conversely, act as barriers.</p>	<p><b>Sample size</b> 26 service users</p> <p><b>Diagnoses</b> Schizophrenia-19; Schizoaffective disorder-1; Bipolar disorder-1, Other 2; Not reported-3</p> <p><b>Characteristics</b> Mean age (SD): 35 (11); Gender (M/F): 19/7</p>	<p><b>Recruitment Details</b> Participants were recruited from 12 units across eight trusts</p> <p><b>Data collection details</b> Interviews</p> <p><b>Analysis Details</b> Thematic analysis</p>	<p>Being on a rehabilitation ward</p>
<p><b>Koletsis 2009</b></p> <p><b>Country</b> Pan-European</p> <p><b>Aim of the study</b> 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.</p>	<p><b>Sample size</b> 48 service users</p> <p><b>Diagnoses</b> Schizophrenia-29, Bipolar disorder-16, Other 4</p> <p><b>Characteristics</b> Age range: 18-57 years; Gender: M/F: 27/21</p>	<p><b>Recruitment Details</b> Participants of a randomized trial</p> <p><b>Data collection details</b> Semi-structured interview</p> <p><b>Analysis Details</b> 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.</p>	<p>The value of employment</p> <p>Employment support programs</p>
<p><b>Lindstrom 2013</b></p> <p><b>Country</b> Sweden</p> <p><b>Aim of the study</b> This study aim to investigate how participants made sense of their occupational transformations in the</p>	<p><b>Sample size</b> 16 service users</p> <p><b>Diagnoses</b> Schizophrenia &amp; other psychosis related disorder- 16</p> <p><b>Characteristics</b> Age range: 27-66 years; Gender: M/F: 9/7</p>	<p><b>Recruitment Details</b> Sixteen out of seventeen participants recruited completed the intervention and were included in the study</p> <p><b>Data collection details</b> Interviews and field observations</p>	<p>Occupational therapy</p>

Study and aim of the study	Participants	Methods	Themes
context of their everyday life and life history		<b>Analysis Details</b> Data were analyzed by narrative synthesis	
<b>Liu 2007</b>  <b>Country</b> Canada  <b>Aim of the study</b> This study aimed to explore participants' experiences of a supported-employment program.	<b>Sample size</b> 7 service users  <b>Diagnoses</b> Schizophrenia-7  <b>Characteristics</b> Age range: 20-60 years; Gender: M/F: 3/4	<b>Recruitment Details</b> Seven out of fourteen participants meeting the inclusion criteria agreed to participate  <b>Data collection details</b> Interviews with open-ended and semi-structured probe questions  <b>Analysis Details</b> Open, axial and selective coding was used to analyze data.	Employment support programs
<b>Luciano 2014a</b>  <b>Country</b> USA  <b>Aim of the study</b> 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.	<b>Sample size</b> 12 service users  <b>Diagnoses</b> Schizophrenia-2, Schizoaffective disorder-4, Bipolar disorder-4, Generalized anxiety disorder-2  <b>Characteristics</b> Age range: 23-42 years; Gender: M/F: 12/0	<b>Recruitment Details</b> Secondary data collected in an integrated co-occurring disorder treatment clinic via semi-structured interviews  <b>Data collection details</b> In depth interviews using semi-structured protocol  <b>Analysis Details</b> Secondary analysis of transcripts using a constructivist grounded-theory approach	Substance misuse services
<b>Luciano 2014b</b>  <b>Country</b> USA  <b>Aim of the study</b> 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	<b>Sample size</b> 12 service users  <b>Diagnoses</b> Schizophrenia & schizoaffective disorder-8 (67%), Bipolar disorder-3 (25%), Major depressive disorder-1 (8%)  <b>Characteristics</b> Age range: 18-35 years; Gender: M/F: 12/0	<b>Recruitment Details</b> 12 out of 15 eligible candidates participated in the study  <b>Data collection details</b> Semi-structured interviews  <b>Analysis Details</b> Thematic analysis	Employment support programs
<b>Maisto 1999</b>  <b>Country</b> USA  <b>Aim of the study</b> The purpose of this study was to collect qualitative data as a way to help identify techniques that might help to change	<b>Sample size</b> 21 service users  <b>Diagnoses</b> Schizophrenia spectrum disorder-21  <b>Characteristics</b> Age range: 28-59 years; Gender: M/F: 2/19	<b>Recruitment Details</b> 21 out of 57 eligible were recruited  <b>Data collection details</b> focus group discussions  <b>Analysis Details</b> Transcripts coded to themes	Substance misuse services

Study and aim of the study	Participants	Methods	Themes
patterns of substance use in the SMI			
<p><b>Mancini 2013</b></p> <p><b>Country</b> USA</p> <p><b>Aim of the study</b> Understand Consumer and Practitioner Perceptions of the Harm Reduction Approach in a Community Mental Health Setting</p>	<p><b>Sample size</b> 15 service users</p> <p><b>Diagnoses</b> 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.</p> <p><b>Characteristics</b> Gender: M/F: 11/4; Race: African-American = 9, Age (range) 40 - 49</p>	<p><b>Recruitment Details</b> 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.</p> <p><b>Data collection details</b> Unspecified interviews</p> <p><b>Analysis Details</b> Grounded theory methods</p>	Substance misuse services
<p><b>Marshal 2010</b></p> <p><b>Country</b> Australia</p> <p><b>Aim of the study</b> This study aimed to guide improvement of the CRM and its use in mental health services using feedback from mental health consumers</p>	<p><b>Sample size</b> 18 service users</p> <p><b>Diagnoses</b> Schizophrenia-9, Schizoaffective disorder-4, depressive psychosis-4, Bipolar disorder-1</p> <p><b>Characteristics</b> Mean age: 38 (SD=12.5) years; Gender: M/F: 7/11</p>	<p><b>Recruitment Details</b> Eighteen out of 242 participants (of a larger study) took part</p> <p><b>Data collection details</b> In depth focus group meetings</p> <p><b>Analysis Details</b> Thematic analysis</p>	The value of a recovery orientation
<p><b>Panczak 2016</b></p> <p><b>Country</b> Poland</p> <p><b>Aim of the study</b> This study aimed to explore the personal experiences of people employed in Vocational Development Centers.</p>	<p><b>Sample size</b> 8 service users</p> <p><b>Diagnoses</b> Schizophrenia-spectrum disorder 8 (100%)</p> <p><b>Characteristics</b> Age range: 28-58 years; Gender: M/F: 4/4</p>	<p><b>Recruitment Details</b> Eight out of sixteen interviews were included</p> <p><b>Data collection details</b> Semi-structured interviews</p> <p><b>Analysis Details</b> Interpretative phenomenological analysis</p>	<p>The value of employment</p> <p>Employment support programs</p> <p>Consumer oriented programs</p>
<p><b>Pooremamali 2017</b></p> <p><b>Country</b> Sweden</p> <p><b>Aim of the study</b> To investigate how mentally ill ethnic minority clients experience, feel and think about participation in occupation-based rehabilitation</p>	<p><b>Sample size</b> 9 service users</p> <p><b>Diagnoses</b> Seven had psychotic episodes while two had long-term depression</p> <p><b>Characteristics</b> Age range: 30-60 years; Gender: M/F: 6/3. Immigrants from Bosnia, Turkey, Bulgaria, Iran, Iraq, and Israel.</p>	<p><b>Recruitment Details</b> Staff at the four centres acted as mediators in the recruitment of participants.</p> <p><b>Data collection details</b> Themed interviews</p> <p><b>Analysis Details</b> Grounded Theory framework</p>	Barriers faced by ethnic minorities
<p><b>Van Langen 2016</b></p>	<p><b>Sample size</b> 8 service users</p>	<p><b>Recruitment Details</b> Eight out of 14 eligible subjects were recruited</p>	The value of a recovery orientation

Study and aim of the study	Participants	Methods	Themes
<p><b>Country</b> Netherlands</p> <p><b>Aim of the study</b> 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</p>	<p><b>Diagnoses</b> Schizophrenia &amp; schizoaffective disorder-4, Unspecified psychosis-4</p> <p><b>Characteristics</b> Age range: 24-56 years; Gender: M/F: 4/4</p>	<p><b>Data collection details</b> Unspecified interviews</p> <p><b>Analysis Details</b> Colaizzi's data analysis method was used as described by Holloway and Wheeler (Holloway &amp; Wheeler, 2006) and supported by the MAXQDA® computer software</p>	

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

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

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

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

## 8 Economic evidence

### 9 Included studies

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

### 12 Excluded studies

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

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

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

### 18 Economic model

19 No economic modelling was undertaken for this review because the committee agreed that  
20 other topics were higher priorities for economic evaluation. Furthermore, only a qualitative  
21 review was being undertaken for this question and therefore there was no effectiveness  
22 evidence available to inform economic modelling.  
23

## 24 Qualitative evidence statements

### 25 TOPIC I. Approaches to rehabilitation

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

2 1.1 People with complex psychosis and related severe mental health conditions value a  
3 recovery-orientated service. Goal setting, practical management skills learning, and  
4 the availability of psychoeducative resources (for example on stress or medication)  
5 were the main elements that helped them feel like they were progressing towards  
6 greater stability and independence. This was based on low quality evidence from 1  
7 Dutch study.

8 1.2 People with complex psychosis and related severe mental health conditions value  
9 when recovery-orientation approaches and techniques are well explained from the  
10 outset and made accessible to them. The staff should explain clearly what recovery is  
11 and how they will be supported in their recovery. Information, resources and tools  
12 used by practitioners to promote recovery should be well structured with user-friendly  
13 language. Heavy amounts of reading and terms like 'homework' should be avoided.  
14 This was based on low quality evidence from 1 Australian and 1 Dutch study.

15 1.3 Some people with complex psychosis and related severe mental health conditions  
16 value peers as part of the recovery oriented process. Having others that understand  
17 them and can share their experiences and stories was helpful, and made them feel  
18 less isolated. This was based on low quality evidence from 1 Dutch study.

19 1.4 People with complex psychosis and related severe mental health conditions value a  
20 recovery-oriented service that recognises that sometimes their recovery process may  
21 be disrupted by fluctuations in their illness. This was based on low quality evidence  
22 from 1 Australian study.

23 1.5 Some people with complex psychosis and related severe mental health conditions  
24 expressed the importance and value of a recovery-oriented service where all staff  
25 were on board. If parts of the team weren't well trained or supported to implement a  
26 recovery orientation then the process could slip. This was based on low quality  
27 evidence from 1 Australian study.

**28 Theme 2) Being on a rehabilitation ward**

29 2.1 People with complex psychosis and related severe mental health conditions  
30 expressed that they were glad to move to a rehabilitative ward from an acute ward.  
31 They experienced a lot more freedom and opportunity to try new activities and to do  
32 things for themselves. This was based on low quality evidence from 1 study from the  
33 UK.

34 2.2 Some people with complex psychosis and related severe mental health conditions  
35 expressed that they valued having a range of activities available at their rehabilitation  
36 unit, and being prompted a little to utilise them. However, some also emphasised the  
37 importance that they shouldn't feel pushed to do activities. They reported that the  
38 types of activities that they wanted to engage in change over time with their recovery.  
39 This was based on very low quality evidence from 1 study from the UK.

40 2.3 Regular psychological formulation sessions for frontline staff encourage more open  
41 and encouraging interactions, improving the experiences of service users. Sessions  
42 should facilitate staff to evaluate and discuss service users' difficulties collaboratively  
43 and form recovery oriented plans. This was based on low quality evidence from 1  
44 study from the UK.

1

**2 TOPIC II. Financial and employment services****3 Theme 3) The value of employment**

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

8 3.2 People with complex psychosis and related severe mental health conditions value  
9 having employment because it gives them a new identity as someone that has  
10 competence, purpose and something to contribute. This was based on high quality  
11 evidence from 4 studies of which 1 was Swedish, 2 were Australian, and 1 was pan-  
12 European.

13 3.3 People with complex psychosis and related severe mental health conditions value  
14 having employment because of the financial gratification. They also appreciate the  
15 chance to develop money management skills. This was based on low quality  
16 evidence from 1 Polish study.

**17 Theme 4) Employment support programs (for example Individual Placement  
18 Support or vocational support)**

19 4.1 People with complex psychosis and related severe mental health conditions value the  
20 practical resources that employment support programs can offer them. This includes  
21 access to computers and information resources, connections with employers, insight  
22 about suitable opportunities, and support to prepare and distribute CVs and attend  
23 interviews. This was based on low quality evidence from 2 studies, 1 from the UK and  
24 1 from Canada.

25 4.2 People with complex psychosis and related severe mental health conditions value  
26 receiving individualised support and encouragement. They were glad to have  
27 someone take an interest in them, treat them as capable and gently push them. This  
28 was based on high quality evidence from 4 studies, 1 from Australia, 1 from Canada,  
29 1 from the UK, and 1 pan-European.

30 4.3 People with complex psychosis and related severe mental health conditions value  
31 having mental health professionals such as case workers that are prepared to  
32 advocate for them. This was based on low quality evidence from 2 studies, 1 from the  
33 USA and 1 pan-European.

34 4.4 People with complex psychosis and related severe mental health conditions value  
35 having their skills and interests taken into account where possible when looking for  
36 employment. This was based on low quality evidence from 2 studies, 1 from Canada  
37 and 1 pan-European.

38 4.5 People with complex psychosis and related severe mental health conditions value  
39 having a support worker offer to support them when talking with employers and  
40 management, although in other cases they may prefer not to disclose that they have  
41 a condition requiring support. This was based on low quality evidence from 2 studies,  
42 from Canada and USA.

1 4.6 In an employment program people with complex psychosis and related severe mental  
2 health conditions value seeing and meeting others in a similar situation to them to  
3 share skills, experiences and support each other. This was based on moderate  
4 quality evidence from 3 studies, from Australia, Canada and Poland.

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

7 5.1 People with complex psychosis and related severe mental health conditions value  
8 joining a consumer-oriented employment program to gain experience and confidence  
9 in preparation for open employment when they are ready. This was based on low  
10 quality evidence from 2 studies, from USA and Sweden.

11 5.2 People with complex psychosis and related severe mental health conditions value  
12 being employed in a consumer-oriented program as they feel their problems are  
13 understood and the program offers flexibility to respond to any fluctuations in their  
14 mental health. This was based on high quality evidence from 5 studies, from Sweden,  
15 USA, Poland, and 2 from Australia.

16 5.3 People with complex psychosis and related severe mental health conditions value the  
17 strong sense of community and belonging that comes with being employed within a  
18 consumer-oriented program. This was based on low quality evidence from 2 studies,  
19 from Australia and Sweden.

20 5.4 People with complex psychosis and related severe mental health conditions value the  
21 abundance of additional social activities that come along with membership in a  
22 clubhouse style program. This was based on high quality evidence from 4 studies,  
23 from Poland, Sweden, and 2 from Australia

24 5.5 People with complex psychosis and related severe mental health conditions  
25 sometimes experience difficulties within a consumer-oriented program. These mainly  
26 involve conflict resolution issues with co-workers, or else becoming too involved with  
27 other people's mental health problems in addition to their own. This was based on low  
28 quality evidence from 2 studies, from Poland and Australia.

29 5.6 Families of people with complex psychosis and related severe mental health  
30 conditions value the positive changes that clubhouse membership brings to their  
31 loved-ones. These changes include a happier outlook on life, more motivation to look  
32 after themselves, being more socially engaged, and demonstrating fewer symptoms  
33 and problematic behaviours. They also noted their loved one's increased autonomy  
34 and growing interest in new hobbies and activities, or employment and education.  
35 This was based on very low quality evidence from 1 study from the USA.

36 **Theme 6) Barriers faced by ethnic minorities when seeking employment**

37 6.1 People from black and minority ethnic groups with complex psychosis and related  
38 severe mental health conditions value an employment service that addresses both  
39 types of stigma that they face. For example, in relation to language and  
40 communication needs, plus understanding and meeting cultural norms and  
41 expectations. They feel under-represented and they want services to recognise that  
42 they face an intersection of types of stigma in society. This was based on very low  
43 quality evidence from 1 Swedish study.

**1 TOPIC III. Other support services****2 Theme 7) Occupational therapy**

3 7.1 People with complex psychosis and related severe mental health conditions value  
4 occupational therapy because it helps them to gain confidence and help themselves  
5 through gentle prompts and practical advice. They report greater confidence, hope  
6 and other psychological benefits from being able to achieve specific goals, as well as  
7 a reinstatement of their 'old selves' before illness, and a sense of re-joining the  
8 'outside world' instead of remaining isolated or dependent. This was based on low  
9 quality evidence from 1 Swedish study.

**10 Theme 8) Physical activities**

11 8.1 People with complex psychosis and related severe mental health conditions value  
12 that Assertive Community Treatment programs promote and support them to engage  
13 in physical activity. They appreciate receiving information on the value of physical  
14 activity to their recovery and health in general and practical help (such as transport)  
15 to access physical activities. This was based on very low quality evidence from 1  
16 study, from the USA.

17 8.2 People with complex psychosis and related severe mental health conditions value  
18 physical activity. They feel that it is good for both their physical and mental health,  
19 and provides a distraction from their mental health problems. It also helps them to  
20 socialise and find support and acceptance within a group. This was based on low  
21 quality evidence from 2 studies, from USA and Ireland.

**22 Theme 9) Substance misuse services**

23 9.1 People with a dual diagnosis value the support they get from having an individual  
24 therapist. They appreciate the therapist pushing and prompting them, and the  
25 therapeutic relationship they build with their therapist helps to motivate them as they  
26 don't want to let them down. Having a therapist available to call by telephone was  
27 also helpful. This was based on very low quality evidence from 1 study, from the  
28 USA.

29 9.2 People with a dual diagnosis value that group therapies or twelve-step programs give  
30 them structure, goals and a place to be. They especially value that they provide peers  
31 that make them feel less alone. This was based on low quality evidence from 2  
32 studies, both from the USA.

33 9.3 People with a dual diagnosis value that twelve-step programs include an emphasis on  
34 a higher power. They value how the program recognises their accomplishments, for  
35 example with a medallion for sobriety. This was based on very low quality evidence  
36 from 1 study, from the USA.

37 9.4 People with a dual diagnosis value that rehabilitation programs for substance misuse  
38 take them away from their usual social context as this reduces the availability and  
39 temptation to use substances. This was based on very low quality evidence from 1  
40 study, from the USA.

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

4 9.6 People with a dual diagnosis value an approach to treatment where support is  
5 unconditional (harm reduction). People often avoided programs that have a  
6 requirement to be clean/sober in order to receive support as they felt that if they did  
7 become clean/sober this wasn't out of choice/self-determination and was less likely to  
8 succeed. Unconditional support meant they could be as safe as possible until they  
9 were able to choose to address the substance abuse. Support needed to be  
10 persistent with an emphasis on education and practical guidance to stop – without  
11 this it could send the wrong message that services don't care about substance  
12 misuse occurrence at all. This was based on low quality evidence from 1 study, from  
13 the USA.

#### 14 **The committee's discussion of the evidence**

##### 15 **Interpreting the evidence**

##### 16 ***The outcomes that matter most***

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

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

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

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

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

## 1 *The quality of the evidence*

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

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

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

## 17 *Benefits and harms*

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

32 Service-users also valued gaining meaning and structure to their day and this was mainly  
33 identified within the evidence theme on employment. Having a ‘place to be’ (such as a  
34 vocational occupation or a group meeting) meant service-users had a reason to do daily self-  
35 care tasks like getting dressed and washed. Within this structure they could develop  
36 themselves over time and build up their confidence and sense of worth. A sense of purpose  
37 in their day was not just about what the activity meant to themselves, but was also something  
38 they could talk about with pride to their relatives, friends and neighbours, and made them feel  
39 meaning and value because others were counting on them. Not all service users will be  
40 ready or able to obtain and keep competitive employment, and so consumer oriented  
41 programs were also valued. The clubhouse model was an example of a transitional  
42 employment scheme mentioned in several papers. Transitional employment schemes aim to  
43 give people a supported occupation in which to gain pre-vocational work experiences and  
44 potentially prepare for mainstream employment. The ‘clubhouse’ model, developed at  
45 Fountain House in New York, aims to provide low-pressure, meaningful and accessible  
46 occupational and social opportunities for people with mental illness who may otherwise  
47 struggle going in to competitive work environments directly..

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

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

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

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

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

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

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

## 1 Cost effectiveness and resource use

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

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

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

## 18 Other factors the committee took into account

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

## 2 Appendix A – Review protocol

### 3 Review protocol for review question: 4.2 What rehabilitation approaches, care, support and treatment are valued by people 4 with complex psychosis and related severe mental health conditions, and by their families and carers?

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

Field (based on <u>PRISMA-P</u> )	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. - What did they feel worked to improve their lives? - What was more palatable or less unpalatable? - 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.  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: <ul style="list-style-type: none"> <li>• Psychological and social support (note – focus is on services rather than individual interventions):                             <ul style="list-style-type: none"> <li>○ Psychoeducation for service users, family and carers</li> </ul> </li> </ul>

Field (based on <u>PRISMA-P</u> )	Content
	<ul style="list-style-type: none"> <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: <ul style="list-style-type: none"> <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> </ul> </li> <li>● Physical spaces: <ul style="list-style-type: none"> <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> </ul> </li> <li>● Financial and employment support <ul style="list-style-type: none"> <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> </li> </ul>

Field (based on <u>PRISMA-P</u> )	Content
Eligibility criteria – study design	<p>Qualitative studies: semi-structured and structured interviews, focus groups investigating experiences, needs, opinions and preferences on rehabilitation services, approaches, care, and support.</p> <p>Qualitative components of effectiveness and mixed methods studies will be included.</p>
Other inclusion exclusion criteria	<p>Other inclusion criteria:</p> <ul style="list-style-type: none"> <li>• Studies conducted post 1990 only. Studies before 1990 were included in the electronic search but then excluded during the manual sifting phase. 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.</li> <li>• English language papers only</li> <li>• 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.</li> </ul> <p>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.</p> <ul style="list-style-type: none"> <li>• Complete peer reviewed papers only – abstracts, conferences papers and dissertations excluded.</li> <li>• 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.</li> </ul>
Proposed sensitivity/sub-group analysis, or meta-regression	<p>Separate analyses will be conducted based on the following sub-groups:</p> <ul style="list-style-type: none"> <li>- Carer vs service users</li> <li>- Type of rehabilitation received</li> </ul>
Selection process – duplicate screening/selection/analysis	<p>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.</p>

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) Limits (e.g. date, study design): Human studies/English language
Identify if an update	This review question is not an update
Author contacts	For details please see <a href="https://www.nice.org.uk/guidance/indevelopment/gid-ng10092">https://www.nice.org.uk/guidance/indevelopment/gid-ng10092</a>
Highlight if amendment to previous protocol	For details please see section 4.5 of <a href="#">Developing NICE guidelines: the manual 2014</a>
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 <a href="#">Developing NICE guidelines: the manual 2014</a> 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). The confidence in the evidence extracted from the included studies will be evaluated for each theme using GRADE CERQual approach: <a href="https://www.cerqual.org/">https://www.cerqual.org/</a>
Criteria for quantitative synthesis (where suitable)	For details please see section 6.4 of <a href="#">Developing NICE guidelines: the manual 2014</a>
Methods for analysis – combining studies and exploring (in)consistency	For details please see the methods chapter of the guideline

Field (based on PRISMA-P)	Content
Meta-bias assessment – publication bias, selective reporting bias	For details please see section 6.2 of <a href="#">Developing NICE guidelines: the manual 2014</a>
Assessment of confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of <a href="#">Developing NICE guidelines: the manual 2014</a>
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 <a href="#">Developing NICE guidelines: the manual</a> . 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 <a href="#">Developing NICE guidelines: the manual</a> .
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

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

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## 1 Appendix B – Literature search strategies

### 2 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?

#### 5 Databases: Embase/Medline/PsycINFO

6 Date of search: 02/10/2018

#	Searches
1	exp psychosis/ use emczd
2	Psychotic disorders/ use ppez
3	exp psychosis/ use psych
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 psych
8	schizoaffective psychosis/ use emczd
9	schizoaffective disorder/ use psych
10	(schizophren* or schizoaffective*).tw.
11	exp bipolar disorder/ use emczd
12	exp "Bipolar and Related Disorders"/ use ppez
13	exp bipolar disorder/ use psych
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 psych
18	(delusion* adj3 (disorder* or disease)).tw.
19	mental disease/ use emczd
20	mental disorders/ use ppez
21	mental disorders/ use psych
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 psych
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 psych
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

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

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### 3 Database: Cochrane Library

4 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 dissatis* 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

1

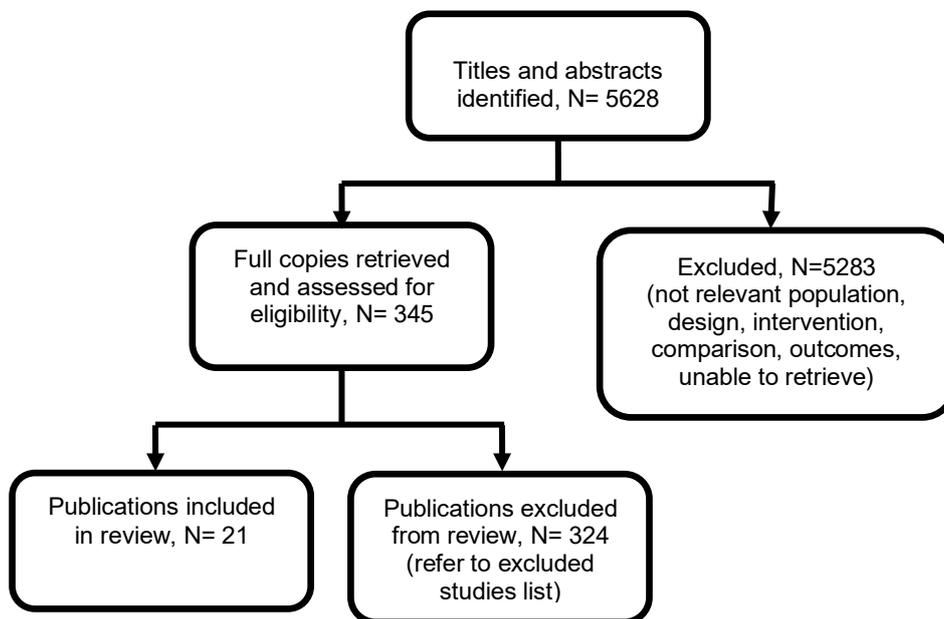
2

## 1 Appendix C – Qualitative evidence study selection

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

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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?



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## 1 Appendix D – Clinical evidence tables

### 2 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?

4 **Table 4: Clinical evidence tables**

Study details	Participants	Methods	Themes and findings	Comments
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 906026</p> <p><b>Country where the study was carried out</b> UK</p> <p><b>Study type</b> Semi-structured interviews</p> <p><b>Aim of the study</b> To identify the effects of 'team formulation' on practice from the perspectives of staff and</p>	<p><b>Sample size</b> 20 service users and 57 staff</p> <p><b>Diagnosis</b> Schizophrenia = 16, Schizoaffective disorder = 2, Bipolar disorder = 2</p> <p><b>Characteristics</b> Median age (range): service users = 36.20 (11.93), staff = 41.67 (11.22) Gender (M/F): service users = 13/7, staff = 19/38</p> <p><b>Inclusion criteria</b> 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.</p> <p><b>Exclusion criteria</b> Staff were excluded if they worked only nights.</p>	<p><b>Phenomenon of interest</b> To identify the effects of a Team Formulation intervention on staff practice, including identifying active components or variations in effectiveness.</p> <p><b>Recruitment Details</b> All eligible staff and service users from 10 rehabilitation wards that participated in a single blind cluster randomised controlled trial.</p> <p><b>Collection Details</b> Semi-structured interviews were held by the research team at 6-month follow-up, with some development to the topic guide over time.</p> <p><b>Analysis Details</b> Interviews were audio-recorded and transcribed verbatim, and the data was analysed manually using thematic analysis.</p>	<p><b>Results summarised under the following themes:</b></p> <p>Being on a rehabilitation ward</p> <p><b>Findings: (see appendix M for quotes)</b></p> <p>Improved staff understanding of patients</p> <p>Staff increased awareness of feelings</p>	<p><b>Limitations (CASP: checklist for qualitative studies)</b></p> <p><b>Q1: Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>Q2: Was a qualitative methodology appropriate?</b> Yes.</p> <p><b>Q3 Was the research design appropriate to address the aims of the research?</b> Yes.</p> <p><b>Q4: Was the recruitment strategy appropriate to the aims of the research?</b> Yes. All eligible participants within the trial were included as a part of the wider study.</p> <p><b>Q5: Were the data collected in a way that addressed the research issue?</b> Yes.</p> <p><b>Q6: Has the relationship between researcher and participants been adequately considered?</b> No. The researcher who delivered the intervention to the staff also participated in conducting the interviews, which is likely to have bias the feedback.</p>

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 DRAFT (January 2020)

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

Study details	Participants	Methods	Themes and findings	Comments
<p><b>Date of data collection</b> July 2011-December 2012</p> <p><b>Source of funding</b> This project was funded by the NIHR CLAHRC-NDL programme</p>				<p><b>Q6: Has the relationship between researcher and participants been adequately considered?</b> No - not clearly considered</p> <p><b>Q7: Have ethical issues been taken into consideration?</b> No.</p> <p><b>Q8: Was the data analysis sufficiently rigorous?</b> Yes.</p> <p><b>Q9: Is there a clear statement of findings?</b> Yes.</p> <p><b>Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)</b> Yes; in context of recession.</p> <p><b>Overall methodological limitations</b> Serious.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 735805</p> <p><b>Country where the study was carried out</b> USA</p> <p><b>Study type</b> Qualitative</p> <p><b>Aim of the study</b></p>	<p><b>Sample size</b> 24 relatives of 25 service users. Mother 9 (38%), Father 5 (21%), Sister 5 (21%), Brother 4 (17%), Aunt 1 (4%)</p> <p><b>Diagnoses</b> Schizophrenia-spectrum disorder 15 (60%), Depression 5 (20%), Bipolar disorder 2 (8%), Other 3 (12%)</p> <p><b>Characteristics</b> SERVICE USERS: Mean age: 41.6 (SD 11.0); Gender M/F: 17/8 (68/32%)</p>	<p><b>Phenomenon of interest</b> Benefits of Clubhouse participation. 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</p> <p><b>Recruitment Details</b> Thirty-eight family members were invited to participate, and 24 agreed.</p>	<p><b>Results summarised under the following themes:</b></p> <p>Consumer oriented programs</p> <p><b>Findings: (see appendix M for quotes)</b></p> <p>Positive affective changes</p> <p>Improved goal-directed and challenging behaviors</p> <p>Positive attitude changes</p> <p>Greater social interactions</p>	<p><b>Limitations (CASP: checklist for qualitative studies)</b></p> <p><b>Q1: Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>Q2: Was a qualitative methodology appropriate?</b> Yes.</p> <p><b>Q3: Was the research design appropriate to address the aims of the research?</b> Yes.</p> <p><b>Q4: Was the recruitment strategy appropriate to the aims of the research?</b> Unclear - an opportunistic sample, not a lot of detail about those who declined to participate or why.</p>

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

Study details	Participants	Methods	Themes and findings	Comments
<p><b>Aim of the study</b> This study aimed to study the experiences of Clubhouse members regarding peer support and the outcomes they identify from engaging in this phenomenon</p> <p><b>Date of data collection</b> NR</p> <p><b>Source of funding</b> Not reported</p>	<p>Mean age: 43.8 (Range:30 to 63); Gender M/F: 4/6 (40/60%)</p> <p><b>Inclusion criteria</b> Members of clubhouse. Further details of inclusion criteria not fully described</p> <p><b>Exclusion criteria</b> 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</p>	<p><b>Data collection details</b> Semi-structured individual in depth interviews</p> <p><b>Analysis Details</b> 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 &amp; axial coding</p>	<p>Social Inclusion and Belonging</p> <p>Shared Achievement Through Doing</p> <p>Interdependency</p> <p>Intimacy</p> <p>Negative Outcomes of Peer Support</p>	<p><b>Q4: Was the recruitment strategy appropriate to the aims of the research?</b> 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.</p> <p><b>Q5: Were the data collected in a way that addressed the research issue?</b> Yes.</p> <p><b>Q6: Has the relationship between researcher and participants been adequately considered?</b> No - not clearly considered.</p> <p><b>Q7: Have ethical issues been taken into consideration?</b> Unclear - approved by an ethics board but little other consideration or discussion.</p> <p><b>Q8: Was the data analysis sufficiently rigorous?</b> Yes.</p> <p><b>Q9: Is there a clear statement of findings?</b> Yes.</p> <p><b>Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)</b> Yes - Australian context but a model that is applied similarly in the UK.</p> <p><b>Overall methodological limitations</b> Minor.</p>
<p><b>Full citation</b> Cullen, C., McCann, E., Exploring the role of physical activity for people diagnosed with serious mental illness in Ireland, Journal of Psychiatric and Mental</p>	<p><b>Sample size</b> 10 service users</p> <p><b>Diagnoses</b> Schizophrenia &amp; schizoaffective disorder-8, Bipolar disorder-2</p>	<p><b>Phenomenon of interest</b> Role of physical activity</p> <p><b>Recruitment Details</b> All ten who agreed to participate were included</p>	<p><b>Results summarised under the following themes:</b></p> <p>Physical activities</p>	<p><b>Limitations (CASP: checklist for qualitative studies)</b></p> <p><b>Q1: Was there a clear statement of the aims of the research?</b> Yes.</p>

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

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

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

Study details	Participants	Methods	Themes and findings	Comments
				<p><b>Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)</b> Yes - In similar supported employment settings.</p> <p><b>Overall methodological limitations</b> Moderate.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 907561</p> <p><b>Country where the study was carried out</b> USA</p> <p><b>Study type</b> Qualitative</p> <p><b>Aim of the study</b> 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</p> <p><b>Date of data collection</b> NR</p>	<p><b>Sample size</b> 18 service users</p> <p><b>Diagnoses</b> 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</p> <p><b>Characteristics</b> Mean age: 34.4 (SD: 12.3); Gender: M/F: 13/5</p> <p><b>Inclusion criteria</b> (1) Diagnosis of a serious mental illness (2) Age &gt; 18 years (3) Able to provide informed consent</p> <p><b>Exclusion criteria</b> Those not willing to participate</p>	<p><b>Phenomenon of interest</b> Consumer perspectives on physical activity intervention within ACT programs</p> <p><b>Recruitment Details</b> Eighteen participants elected to participate in the study and were recruited</p> <p><b>Data collection details</b> Focus group interviews using semi-structured protocol</p> <p><b>Analysis Details</b> Data were analyzed by consensual qualitative research(CQR) process of translating the frequency of participant comments into a standard measure of representativeness</p>	<p><b>Results summarised under the following themes:</b></p> <p>Physical activities</p> <p><b>Findings: (see appendix M for quotes)</b></p> <p>Direct interventions</p> <p>Indirect interventions</p> <p>Motivational interventions - Social support</p>	<p><b>Limitations (CASP: checklist for qualitative studies)</b></p> <p><b>Q1: Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>Q2: Was a qualitative methodology appropriate?</b> Yes.</p> <p><b>Q3 Was the research design appropriate to address the aims of the research?</b> Yes.</p> <p><b>Q4: Was the recruitment strategy appropriate to the aims of the research?</b> Unclear - an opportunistic sample, not a lot of detail about those who declined to participate or why.</p> <p><b>Q5: Were the data collected in a way that addressed the research issue?</b> Yes.</p> <p><b>Q6: Has the relationship between researcher and participants been adequately considered?</b> Yes, to avoid researcher bias, the research team discussed their expectations prior to the first group.</p> <p><b>Q7: Have ethical issues been taken into consideration?</b> Unclear - approved by an ethics board but little other consideration or discussion.</p>

Study details	Participants	Methods	Themes and findings	Comments
<p><b>Source of funding</b> Not reported</p>				<p><b>Q8: Was the data analysis sufficiently rigorous?</b> Yes.</p> <p><b>Q9: Is there a clear statement of findings?</b> Yes.</p> <p><b>Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)</b> Yes-can be applied within ACT settings.</p> <p><b>Overall methodological limitations</b> Minor.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 907797</p> <p><b>Country where the study was carried out</b> Australia</p> <p><b>Study type</b> Qualitative</p> <p><b>Aim of the study</b> 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.</p> <p><b>Date of data collection</b> NR</p>	<p><b>Sample size</b> 4 service users</p> <p><b>Diagnoses</b> Schizophrenia- 3; severe mood disorder- 1</p> <p><b>Characteristics</b> 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)</p> <p><b>Inclusion criteria</b> (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</p> <p><b>Exclusion criteria</b></p>	<p><b>Phenomenon of interest</b> Work related experiences</p> <p><b>Recruitment Details</b> Four participants selected through an intermediary were included in the study</p> <p><b>Data collection details</b> Semi-structured in-depth interview</p> <p><b>Analysis Details</b> Data were analyzed by narrative synthesis</p>	<p><b>Results summarised under the following themes:</b></p> <p>The value of employment</p> <p>Employment support programs</p> <p>Consumer oriented programs</p> <p><b>Findings: (see appendix M for quotes)</b></p> <p>Experiences with the clubhouse programme</p> <p>Support of significant others</p> <p>Personal meaning of work</p>	<p><b>Limitations (CASP: checklist for qualitative studies)</b></p> <p><b>Q1: Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>Q2: Was a qualitative methodology appropriate?</b> Yes.</p> <p><b>Q3 Was the research design appropriate to address the aims of the research?</b> Yes.</p> <p><b>Q4: Was the recruitment strategy appropriate to the aims of the research?</b> Unclear - an opportunistic sample chosen by the intermediary, not a lot of detail about those who declined to participate or why.</p> <p><b>Q5: Were the data collected in a way that addressed the research issue?</b> Yes.</p> <p><b>Q6: Has the relationship between researcher and participants been adequately considered?</b> Yes, the researcher recorded field notes about the techniques used, decisions made and her subjective</p>

Study details	Participants	Methods	Themes and findings	Comments
<p><b>Source of funding</b> Not reported</p>	<p>Those not willing to participate</p>			<p>experiences. This self reflection was used to prevent personal influences on the research process.</p> <p><b>Q7: Have ethical issues been taken into consideration?</b> Yes; approval from ethics board, written informed consent, pseudonyms to maintain confidentiality.</p> <p><b>Q8: Was the data analysis sufficiently rigorous?</b> Yes.</p> <p><b>Q9: Is there a clear statement of findings?</b> Yes.</p> <p><b>Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)</b> Yes.</p> <p><b>Overall methodological limitations</b> Minor.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 907825</p> <p><b>Country where the study was carried out</b> UK</p> <p><b>Study type</b> Qualitative</p>	<p><b>Sample size</b> 26 service users</p> <p><b>Diagnoses</b> Schizophrenia-19; Schizoaffective disorder-1; Bipolar disorder-1, Other 2; Not reported-3</p> <p><b>Characteristics</b> Mean age (SD): 35 (11); Gender (M/F): 19/7</p> <p><b>Inclusion criteria</b> Rehabilitation unit service users</p> <p><b>Exclusion criteria</b> Not reported</p>	<p><b>Phenomenon of interest</b> Experiences of a rehabilitation unit</p> <p><b>Recruitment Details</b> The participants were recruited from 12 units across eight trusts</p> <p><b>Data collection details</b> Unspecified interviews</p> <p><b>Analysis Details</b> Thematic analysis</p>	<p><b>Results summarised under the following themes:</b></p> <p>Being on a rehabilitation ward</p> <p><b>Findings: (see appendix M for quotes)</b></p> <p>Facilitating activities</p> <p>Ethos and approach</p> <p>Service users' interest in activities</p>	<p><b>Limitations (CASP: checklist for qualitative studies)</b></p> <p><b>Q1: Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>Q2: Was a qualitative methodology appropriate?</b> 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.</p> <p><b>Q3 Was the research design appropriate to address the aims of the research?</b> Yes.</p> <p><b>Q4: Was the recruitment strategy appropriate to the aims of the research?</b> Unclear.</p>

Study details	Participants	Methods	Themes and findings	Comments
<p><b>Aim of the study</b> Identify the elements of service provision, structural and cultural, that facilitate excellence in rehabilitation services or, conversely, act as barriers.</p> <p><b>Date of data collection</b> September 2009 to July 2010</p> <p><b>Source of funding</b> 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 Health 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.</p>				<p><b>Q5: Were the data collected in a way that addressed the research issue?</b> Unclear - the data collection, interview schedule etc. are not well described.</p> <p><b>Q6: Has the relationship between researcher and participants been adequately considered?</b> No - not clearly considered.</p> <p><b>Q7: Have ethical issues been taken into consideration?</b> Unclear- ethics panel, but no other details described.</p> <p><b>Q8: Was the data analysis sufficiently rigorous?</b> No - findings briefly grouped and summarised, but little further analysis. Lots of details on the topic of interest here are lost in the summary.</p> <p><b>Q9: Is there a clear statement of findings?</b> No - little detail or appraisal for each finding.</p> <p><b>Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)</b> Yes.</p> <p><b>Overall methodological limitations</b> Serious.</p>
<p><b>Full citation</b> Koletsis, M., Niersman, A., van Busschbach, J. T., Catty, J., Becker, T., Burns, T., Fioritti, A., Kalkan, R., Lauber, C., Rössler, W., et</p>	<p><b>Sample size</b> 48 service users</p> <p><b>Diagnoses</b> Schizophrenia-29, Bipolar disorder-16, Other 4</p>	<p><b>Phenomenon of interest</b> Experiences of individual placement and support, vocational rehabilitation and employment</p>	<p><b>Results summarised under the following themes:</b> The value of employment</p>	<p><b>Limitations (CASP: checklist for qualitative studies)</b></p> <p><b>Q1: Was there a clear statement of the aims of the research?</b> Yes.</p>

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 DRAFT (January 2020)

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

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

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

Study details	Participants	Methods	Themes and findings	Comments
Registered Occupational Therapists				<p><b>Q8: Was the data analysis sufficiently rigorous?</b> Yes.</p> <p><b>Q9: Is there a clear statement of findings?</b> Yes.</p> <p><b>Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)</b> Yes- with participants of similar characteristics; can be applied in the UK.</p> <p><b>Overall methodological limitations</b> Moderate.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 908205</p> <p><b>Country where the study was carried out</b> USA</p> <p><b>Study type</b> Qualitative</p> <p><b>Aim of the study</b> 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</p> <p><b>Date of data collection</b> 2012</p>	<p><b>Sample size</b> 12 service users</p> <p><b>Diagnoses</b> Schizophrenia-2, Schizoaffective disorder- 4, Bipolar disorder 4, Generalized anxiety disorder-2</p> <p><b>Characteristics</b> Age range: 23-42 years; Gender: M/F: 12/0</p> <p><b>Inclusion criteria</b> (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</p> <p><b>Exclusion criteria</b> Not reported</p>	<p><b>Phenomenon of interest</b> Sobriety Strategies for Co-occurring Disorders</p> <p><b>Recruitment Details</b> Secondary data collected in an integrated co-occurring disorder treatment clinic via semi-structured interviews</p> <p><b>Data collection details</b> In depth interviews using semi-structured protocol</p> <p><b>Analysis Details</b> Secondary analysis of transcripts using Charmaz's constructivist grounded-theory approach</p>	<p><b>Results summarised under the following themes:</b></p> <p>Substance misuse services</p> <p><b>Findings: (see appendix M for quotes)</b></p> <p>Building a Supportive Community</p> <p>Meaningful Activities</p>	<p><b>Limitations (CASP: checklist for qualitative studies)</b></p> <p><b>Q1: Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>Q2: Was a qualitative methodology appropriate?</b> Yes.</p> <p><b>Q3 Was the research design appropriate to address the aims of the research?</b> Yes.</p> <p><b>Q4: Was the recruitment strategy appropriate to the aims of the research?</b> No- Secondary data analysis is not ideal for qualitative research.</p> <p><b>Q5: Were the data collected in a way that addressed the research issue?</b> No, secondary data.</p> <p><b>Q6: Has the relationship between researcher and participants been adequately considered?</b> No - not clearly considered.</p>

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

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

Study details	Participants	Methods	Themes and findings	Comments
<p>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</p> <p><b>Date of data collection</b> Not stated</p> <p><b>Source of funding</b> 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</p>	<p><b>Exclusion criteria</b> Not reported</p>			<p><b>Q5: Were the data collected in a way that addressed the research issue?</b> Yes.</p> <p><b>Q6: Has the relationship between researcher and participants been adequately considered?</b> No - not clearly considered.</p> <p><b>Q7: Have ethical issues been taken into consideration?</b> No – no ethical considerations described.</p> <p><b>Q8: Was the data analysis sufficiently rigorous?</b> Yes.</p> <p><b>Q9: Is there a clear statement of findings?</b> Yes.</p> <p><b>Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)</b> Unclear-A US model but seems applicable in UK settings</p> <p><b>Overall methodological limitations</b> Moderate.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 908304</p> <p><b>Country where the study was carried out</b> USA</p> <p><b>Study type</b></p>	<p><b>Sample size</b> 15 service users</p> <p><b>Diagnoses</b> 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.</p> <p><b>Characteristics</b></p>	<p><b>Phenomenon of interest</b> Harm Reduction Approach</p> <p><b>Recruitment Details</b> 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.</p> <p><b>Data collection details</b> Unspecified interviews</p>	<p><b>Results summarised under the following themes:</b></p> <p>Substance misuse services</p> <p><b>Findings: (see appendix M for quotes)</b></p> <p>The Importance of Practical Guidance and Unconditional Support</p>	<p><b>Limitations (CASP: checklist for qualitative studies)</b></p> <p><b>Q1: Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>Q2: Was a qualitative methodology appropriate?</b> Yes.</p> <p><b>Q3: Was the research design appropriate to address the aims of the research?</b> Yes.</p>

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

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

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

Study details	Participants	Methods	Themes and findings	Comments
				Moderate.
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 909134</p> <p><b>Country where the study was carried out</b> Sweden</p> <p><b>Study type</b> Qualitative</p> <p><b>Aim of the study</b> To investigate how mentally ill ethnic minority clients experience, feel and think about participation in occupation-based rehabilitation</p> <p><b>Date of data collection</b> Not stated</p> <p><b>Source of funding</b> The study was founded by the Swedish National Board of Health and Welfare.</p>	<p><b>Sample size</b> 9 service users</p> <p><b>Diagnoses</b> Seven had psychotic episodes while two had long-term depression</p> <p><b>Characteristics</b> Age range: 30-60 years; Gender: M/F: 6/3. Immigrants from Bosnia, Turkey, Bulgaria, Iran, Iraq, and Israel.</p> <p><b>Inclusion criteria</b> 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</p> <p><b>Exclusion criteria</b> None of the participants reported having mental illness prior to migrating.</p>	<p><b>Phenomenon of interest</b> Occupation based rehabilitation for ethnic minorities</p> <p><b>Recruitment Details</b> 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.</p> <p><b>Data collection details</b> Themed interviews</p> <p><b>Analysis Details</b> Grounded Theory framework</p>	<p><b>Results summarised under the following themes:</b></p> <p>Barriers faced by ethnic minorities</p> <p><b>Findings: (see appendix M for quotes)</b></p> <p>Lack of access to adequate support and resources</p> <p>Shadow of stigma</p> <p>Lack of voice or representation, feeling like an outsider</p> <p>Person-related barriers</p>	<p>Limitations (CASP: checklist for qualitative studies)</p> <p><b>Q1: Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>Q2: Was a qualitative methodology appropriate?</b> Yes.</p> <p><b>Q3 Was the research design appropriate to address the aims of the research?</b> Yes.</p> <p><b>Q4: Was the recruitment strategy appropriate to the aims of the research?</b> Yes.</p> <p><b>Q5: Were the data collected in a way that addressed the research issue?</b> Yes.</p> <p><b>Q6: Has the relationship between researcher and participants been adequately considered?</b> Unclear - in the conclusions section the author mentions they met several times to establish 'trust', but this is not well explained or explored..</p> <p><b>Q7: Have ethical issues been taken into consideration?</b> Yes- Institutional review approval , and measures to protect confidentiality described.</p> <p><b>Q8: Was the data analysis sufficiently rigorous?</b> Yes.</p> <p><b>Q9: Is there a clear statement of findings?</b> Yes.</p>

Study details	Participants	Methods	Themes and findings	Comments
				<p><b>Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)</b> 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.</p> <p><b>Overall methodological limitations</b> Minor.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 910169</p> <p><b>Country where the study was carried out</b> Netherlands</p> <p><b>Study type</b> Qualitative</p> <p><b>Aim of the study</b> 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</p>	<p><b>Sample size</b> 8 service users</p> <p><b>Diagnoses</b> Schizophrenia &amp; schizoaffective disorder-4, Unspecified psychosis-4</p> <p><b>Characteristics</b> Age range: 24-56 years; Gender: M/F: 4/4</p> <p><b>Inclusion criteria</b> (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</p> <p><b>Exclusion criteria</b> (1) Low attendance (2) Persons who experienced difficulties in communication due to substance use or psychotic experiences</p>	<p><b>Phenomenon of interest</b> Perspectives on recovery orientation of service</p> <p><b>Recruitment Details</b> Eight out of 14 eligible subjects were recruited</p> <p><b>Data collection details</b> Unspecified interviews</p> <p><b>Analysis Details</b> Colaizzi's data analysis method was used as described by Holloway and Wheeler (Holloway &amp; Wheeler, 2006) and supported by the MAXQDA® computer software</p>	<p><b>Results summarised under the following themes:</b></p> <p>The value of a recovery orientation</p> <p><b>Findings: (see appendix M for quotes)</b></p> <p>Practice</p> <p>The IMR Textbook</p> <p>Goal-Setting Skills</p> <p>Symptom Management Skills</p> <p>Sharing Peer Information</p>	<p><b>Limitations (CASP: checklist for qualitative studies)</b></p> <p><b>Q1: Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>Q2: Was a qualitative methodology appropriate?</b> Yes.</p> <p><b>Q3 Was the research design appropriate to address the aims of the research?</b> Yes.</p> <p><b>Q4: Was the recruitment strategy appropriate to the aims of the research?</b> Unclear-reasons for non participation not explored.</p> <p><b>Q5: Were the data collected in a way that addressed the research issue?</b> Yes.</p> <p><b>Q6: Has the relationship between researcher and participants been adequately considered?</b> 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.</p> <p><b>Q7: Have ethical issues been taken into consideration?</b></p>

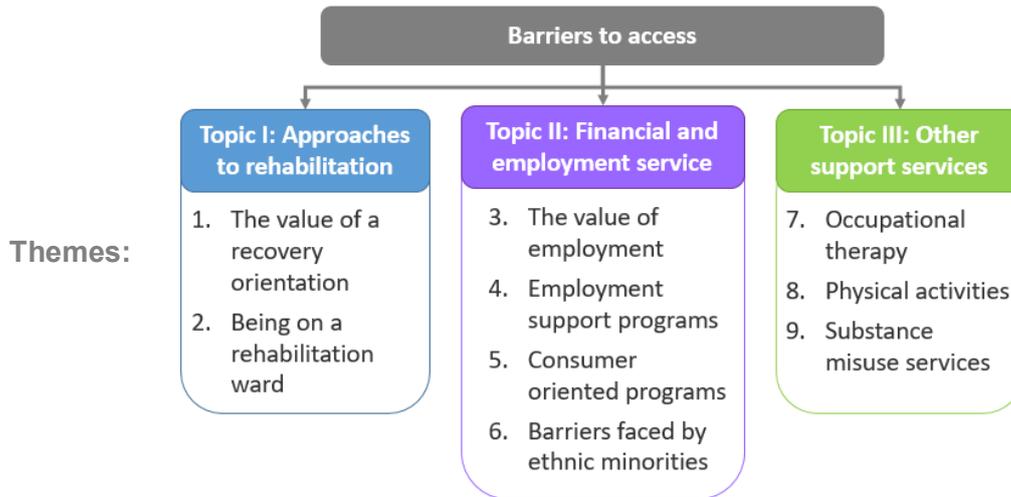
Study details	Participants	Methods	Themes and findings	Comments
<p><b>Date of data collection</b> September 2013-January 2014</p> <p><b>Source of funding</b> This study is funded by the Dutch Organization for Health Care Research and Development, ID520001001 (ZonMW).</p>				<p>Yes- Ethical considerations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

1  
2 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

## 1 Appendix E – Theme maps

### 2 Theme maps for: 4.2 What rehabilitation approaches, care, support and treatment 3 are valued by people with complex psychosis and related severe mental health 4 conditions, and by their families and carers?

Figure 2: Theme map



5

## 1 Appendix F – GRADE CERQual tables

### 2 GRADE CERQual tables for: 4.2 What rehabilitation approaches, care, support and treatment are valued by people with 3 complex psychosis and related severe mental health conditions, and by their families and carers?

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

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
<b>Theme 1) The value of a recovery orientation within services</b>							
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 <sup>1</sup>	Serious concerns <sup>2</sup>	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 <sup>1</sup>	Moderate concerns <sup>3</sup>	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 <sup>1</sup>	Serious concerns <sup>2</sup>	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 <sup>1</sup>	Serious concerns <sup>2</sup>	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 <sup>1</sup>	Serious concerns <sup>2</sup>	LOW
<b>Theme 2) Being on a rehabilitation ward</b>							
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 <sup>4</sup>	Minor concerns	Very minor concerns	Serious concerns <sup>2</sup>	LOW
1 study: Killaspy (2017)	1 unspecified interviews	Some people with complex psychosis and related severe mental health conditions	Moderate concerns <sup>4</sup>	Moderate concerns <sup>5</sup>	Very minor concerns	Serious concerns <sup>2</sup>	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
		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 <sup>2</sup>	LOW

- 1 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 2 Evidence was downgraded by 2 due to adequacy of data, as only one study supported the review's findings (offering poor data)
- 3 3 Evidence was downgraded by 1 due to adequacy of data, as only two studies supported the review's findings (offering thin data)
- 4 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 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.
- 6

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

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
<b>Theme 3) The value of employment</b>							
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		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
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 <sup>3</sup>	Minor concerns	Moderate concerns <sup>1</sup>	Serious concerns <sup>2</sup>	VERY LOW
<b>Theme 4) Employment support programs (for example individual placement support or vocational support)</b>							
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 <sup>3</sup>	Minor concerns	Minor concerns	Moderate concerns <sup>4</sup>	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 <sup>1</sup>	Moderate concerns <sup>4</sup>	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 <sup>1</sup>	Moderate concerns <sup>4</sup>	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 <sup>1</sup>	Moderate concerns <sup>4</sup>	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
<b>Theme 5) Consumer-oriented employment programmes (for example clubhouse model, vocational development centres, social working cooperatives)</b>							

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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 <sup>1</sup>	Moderate concerns <sup>4</sup>	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 <sup>1</sup>	Moderate concerns <sup>4</sup>	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 <sup>1</sup>	Moderate concerns <sup>4</sup>	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 <sup>3</sup>	Minor concerns	Moderate concerns <sup>1</sup>	Serious concerns <sup>2</sup>	VERY LOW
<b>Theme 6) Barriers faced by ethnic minorities seeking employment</b>							
1 study: Pooremamali (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 <sup>3</sup>	Minor concerns	Moderate concerns <sup>1</sup>	Serious concerns <sup>2</sup>	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)

5

6 **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
<b>Theme 7) Occupational therapy</b>							
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 <sup>1</sup>	Serious concerns <sup>2</sup>	LOW
<b>Theme 8) Physical activities</b>							
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 <sup>1</sup>	Serious concerns <sup>2</sup>	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 <sup>1</sup>	Moderate Concerns <sup>3</sup>	LOW
<b>Theme 9) Substance misuse services</b>							
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 <sup>4</sup>	Minor concerns	Moderate concerns <sup>1</sup>	Serious concerns <sup>2</sup>	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 <sup>1</sup>	Moderate Concerns <sup>3</sup>	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 <sup>4</sup>	Minor concerns	Moderate concerns <sup>1</sup>	Serious concerns <sup>2</sup>	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
1 study: Maisto (1999)	1 focus groups	how the program recognizes their accomplishments, for example with a medallion for sobriety. 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 <sup>4</sup>	Minor concerns	Moderate concerns <sup>1</sup>	Serious concerns <sup>2</sup>	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 <sup>4</sup>	Minor concerns	Moderate concerns <sup>1</sup>	Serious concerns <sup>2</sup>	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 <sup>1</sup>	Serious concerns <sup>2</sup>	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)

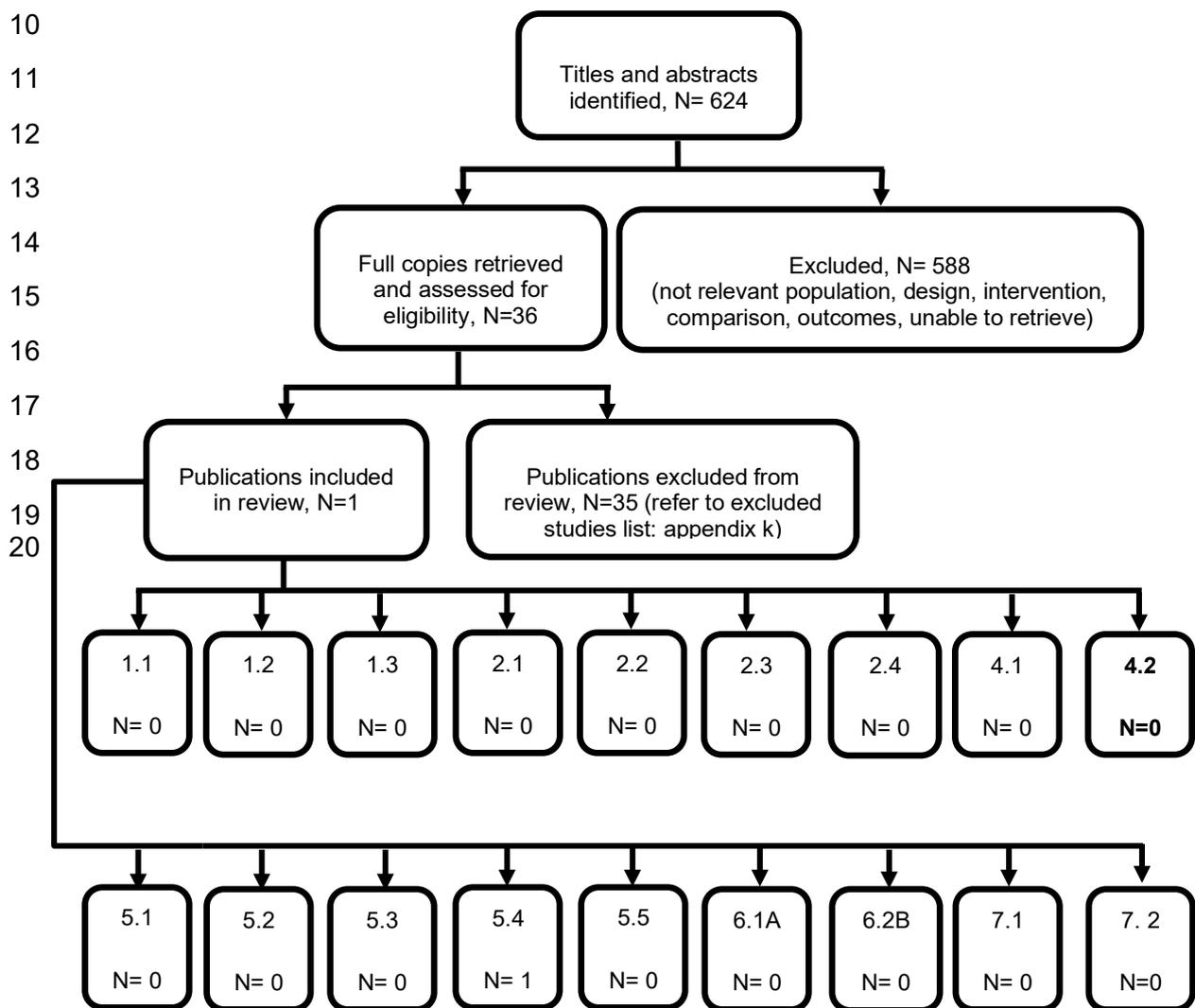
- 1 *3 Evidence was downgraded by 1 due to adequacy of data, as only two studies supported the review's findings (offering thin data)*
- 2 *4 Downgraded following CASP assessment, where a single study with moderate limitations was used, or where at least half of studies used had serious limitations*

# 1 Appendix G – Economic evidence study selection

## 2 Economic evidence study selection for review question 4.2: What rehabilitation 3 approaches, care, support and treatment are valued by people with complex 4 psychosis and related severe mental health conditions, and by their families 5 and carers?

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

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



## 1 **Appendix H – Economic evidence tables**

2 **Economic evidence tables for review question 4.2: What rehabilitation approaches,**

3 **care, support and treatment are valued by people with complex psychosis and**

4 **related severe mental health conditions, and by their families and carers?**

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

6

## 1 **Appendix I – Health economic evidence profiles**

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

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

6

## 1 **Appendix J – Health economic analysis**

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

6 No economic analysis was conducted for this review question.

7

## 1 Appendix K – Excluded studies

### 2 Excluded studies for: 4.2 What rehabilitation approaches, care, support and 3 treatment are valued by people with complex psychosis and related severe 4 mental health conditions, and by their families and carers?

5 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, 15-22, 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

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

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, <i>Schizophrenia Research</i> , 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, <i>Australasian Psychiatry</i> , 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, <i>Journal of Psychiatric and Mental Health Nursing</i> , 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, <i>Arts in Psychotherapy</i> , 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, <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 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, <i>British Journal of General Practice</i> , 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, <i>Psychiatric Rehabilitation Skills</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>American Journal of Dance Therapy</i> , 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, <i>British Journal of Occupational Therapy</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 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, <i>Medicine, science, and the law</i> , 42, 300-308, 2002	Sample's diagnoses not >66% psychosis

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

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, <i>Psychiatric Services</i> , 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, <i>Journal of Psychosocial Nursing and Mental Health Services</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Schizophrenia Bulletin</i> , 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, <i>Schizophrenia Bulletin</i> , 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, <i>Archives of suicide research : official journal of the International Academy for Suicide Research</i> , 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, <i>Behavioural and cognitive psychotherapy</i> , 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, <i>Community Mental Health Journal</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Scandinavian journal of occupational therapy</i> , 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, <i>Work (Reading, Mass.)</i> , 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, <i>Health promotion international</i> , 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, <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 57, 3402, 1996	Dissertation abstract, excluded according to the protocol
Brand, U., Mental health care in Germany: Carers' perspectives, <i>Acta Psychiatrica Scandinavica, Supplement</i> , 104, 35-40, 2001	Not a relevant study design: not a semi-

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

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, <i>Neuropsychological Rehabilitation</i> , 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, <i>Early Intervention in Psychiatry</i> , 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?, <i>Health care management review</i> , 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, <i>American Journal of Psychiatric Rehabilitation</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Evaluation and Program Planning</i> , 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, <i>Work (Reading, Mass.)</i> , 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, <i>Psychiatric rehabilitation journal</i> , 37, 162-169, 2014	Sample's diagnoses not >66% psychosis
Chadwick, P. K., Recovery from psychosis: Learning more from patients, <i>Journal of Mental Health</i> , 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, <i>JAMA</i> , 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, <i>Community Mental Health Journal</i> , 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

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

Study	Reason for Exclusion
relatives with schizophrenia, <i>Community Mental Health Journal</i> , 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, <i>Administration and Policy in Mental Health and Mental Health Services Research</i> , 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, <i>Community Mental Health Journal</i> , 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, <i>Dissertation Abstracts International Section A: Humanities and Social Sciences</i> , 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, <i>Journal of Vocational Rehabilitation</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Canadian Journal of Psychiatry</i> , 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, <i>Image--the journal of nursing scholarship</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>The British Journal of Occupational Therapy</i> , 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, <i>Community Mental Health Journal</i> , 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, <i>Canadian Journal of Occupational Therapy - Revue Canadienne d Ergotherapie</i> , 66, 71-82, 1999	Sample's diagnoses not clear

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

Study	Reason for Exclusion
Corring, D., Lundberg, E., Rudnick, A., Therapeutic horseback riding for ACT patients with schizophrenia, <i>Community Mental Health Journal</i> , 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, <i>Canadian Journal of Occupational Therapy - Revue Canadienne d Ergotherapie</i> , 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, <i>Psychological medicine</i> , 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, <i>International Journal of Mental Health Nursing</i> , 17, 197-207, 2008	Sample's diagnoses not clear
Cuddeback, G. S., Pettus-Davis, C., Scheyett, A., Consumers' perceptions of forensic assertive community treatment, <i>Psychiatric rehabilitation journal</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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?, <i>Psychology, health &amp; medicine</i> , 18, 482-489, 2013	Sample's diagnoses not clear
Das, A., LGBTQ women and mental health "recovery", <i>Psychiatric rehabilitation journal</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Psychiatry</i> , 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, <i>Epidemiologia e Psichiatria Sociale</i> , 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, <i>Psychiatry</i> , 73, 101-13, 2010	Sample's diagnoses not clear
Davidson, L., Strauss, J. S., Sense of self in recovery from severe mental illness, <i>British Journal of Medical Psychology</i> , 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, <i>Psychiatric Services</i> , 56, 1288-1291, 2005	Did not ask about a rehabilitation service they had received

## 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, <i>Psychiatric Services</i> , 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, <i>International Journal of Mental Health Systems</i> , 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, <i>Psychiatric Rehabilitation Skills</i> , 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, <i>American Journal of Psychiatric Rehabilitation</i> , 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, <i>Psychiatric rehabilitation journal</i> , 29, 251-257, 2006	Sample's diagnoses not clear
Donnay, Jean-Marie, Richelle, Jacqueline, Psychosocial rehabilitation programs for psychotic patients: Expectations and prospects, <i>International Journal of Mental Health</i> , 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, <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 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, <i>Health &amp; place</i> , 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, <i>Occupational therapy international</i> , 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, <i>Psychiatric Services</i> , 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, <i>Issues in Mental Health Nursing</i> , 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, <i>Scandinavian Journal of Caring Sciences</i> , 19, 373-380, 2005	Sample's diagnoses not clear
Essen, C., Does individual placement and support really 'reflect client goals'?, <i>Journal of Psychiatric &amp; Mental Health Nursing</i> , 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

## 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, <i>Disability and rehabilitation, Assistive technology</i> , 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, <i>Ethical Human Psychology and Psychiatry</i> , 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, <i>Journal of Applied Rehabilitation Counseling</i> , 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, <i>Community Mental Health Journal</i> , 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, <i>Community Mental Health Journal</i> , 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, <i>International Journal of Mental Health Nursing</i> , 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, <i>International Journal of Mental Health Nursing</i> , 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, <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 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, <i>Journal of Mental Health</i> , 25, 543-549, 2016	Country (Israel)
Hasson-Ohayon, Ilanit, Kravetz, Shlomo, Roe, David, Rozencaig, Silvio, Weiser, Mark, Qualitative assessment of verbal and non-verbal psychosocial interventions for people with severe mental illness, <i>Journal of Mental Health</i> , 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, <i>Journal of Psychiatric and Mental Health Nursing</i> , 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, <i>Journal of Psychiatric &amp; Mental Health Nursing</i> , 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

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

Study	Reason for Exclusion
psychiatric care, <i>Journal of Psychiatric &amp; Mental Health Nursing</i> , 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, <i>British Journal of Occupational Therapy</i> , 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, <i>Journal of Bodywork &amp; Movement Therapies</i> , 17, 169-76, 2013	Not population of interest
Hedlund, L., Gyllensten, A. L., The experiences of basic body awareness therapy in patients with schizophrenia, <i>Journal of Bodywork &amp; Movement Therapies</i> , 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, <i>PLoS ONE [Electronic Resource]</i> , 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, <i>International Journal of Social Psychiatry</i> , 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, <i>Administration and policy in mental health</i> , 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, <i>Journal of Dual Diagnosis</i> , 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, <i>Dissertation Abstracts International Section A: Humanities and Social Sciences</i> , 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, <i>Scandinavian journal of occupational therapy</i> , 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, <i>Journal of Mental Health</i> , 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, <i>Scandinavian journal of occupational therapy</i> , 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, <i>Nursing &amp; health sciences</i> , 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, <i>Community Mental Health Journal</i> , 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, <i>Disability &amp; Rehabilitation</i> , 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, <i>Dissertation Abstracts International</i> , 52, 6085-6086, 1992	Dissertation abstract, excluded according to the protocol
Inman, J., McGurk, E., Chadwick, J., Is vocational rehabilitation a transition to recovery?, <i>British Journal of Occupational Therapy</i> , 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, <i>International Journal of Social Psychiatry</i> , 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, <i>Scandinavian Journal of Caring Sciences</i> , 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, <i>Contemporary nurse</i> , 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, <i>Issues in Mental Health Nursing</i> , 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, <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>International journal of qualitative studies on health and well-being</i> , 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, <i>International journal of qualitative studies on health and well-being</i> , 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, <i>Scandinavian Journal of Caring Sciences</i> , 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, <i>Community Mental Health Journal</i> , 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, <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 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)

## 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., Livingood, 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
Lieberman, 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., Chiriack, 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, <i>Psychiatric Services</i> , 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, <i>Psychiatric Services</i> <i>Psychiatr Serv</i> , 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, <i>Journal of Gay &amp; Lesbian Psychotherapy</i> , 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, <i>Psychiatry</i> , 62, 209-221, 1999	Sample's diagnoses not clear
MacDonald, Scott, Client experiences in music therapy in the psychiatric inpatient milieu, <i>Music Therapy Perspectives</i> , 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, <i>International Journal of Nursing Studies</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>American Journal of Psychiatric Rehabilitation</i> , 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 recovery-oriented service provision, <i>Israel Journal of Psychiatry and Related Sciences</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Journal of Music Therapy</i> , 53, 121-48, 2016	Sample's diagnoses not clear
McCann, E., The expression of sexuality in people with psychosis: breaking the taboos, <i>Journal of Advanced Nursing</i> , 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, <i>International Journal of Mental Health Nursing</i> , 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, <i>International Journal of Social Psychiatry</i> , 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, <i>Journal of Nursing Scholarship</i> , 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, <i>Administration and policy in mental health</i> , 25, 153-173, 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, <i>American Journal of Psychiatric Rehabilitation</i> , 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, <i>British Journal of Forensic Practice</i> , 14, 168-179, 2012	Sample's diagnoses not clear
Megivern, D., Pellerito, S., Mowbray, C., Barriers to higher education for individuals with psychiatric disabilities, <i>Psychiatric rehabilitation journal</i> , 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, <i>Scandinavian journal of occupational therapy</i> , 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, <i>Scandinavian journal of occupational therapy</i> , 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, <i>Hospital &amp; community psychiatry</i> , 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, <i>Archives of Psychiatric Nursing</i> , 12, 344-350, 1998	Sample's diagnoses not clear
Mohr, W. K., Rethinking professional attitudes in mental health settings, <i>Qualitative health research</i> , 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, <i>Qualitative health research</i> , 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, <i>Journal of occupational rehabilitation</i> , 24, 32-41, 2014	Sample's diagnoses not >66% psychosis
Moran, Galia S., Alon, Uri, Playback theatre and recovery in mental health: Preliminary evidence, <i>The Arts in Psychotherapy</i> , 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, <i>Dissertation Abstracts International Section A: Humanities and Social Sciences</i> , 67, 4716, 2007	Dissertation abstract, excluded according to the protocol
Morrison, Ian, Clift, Stephen M., Antonovsky revisited--Implications for mental health promotion practice, <i>International Journal of Mental Health Promotion</i> , 9, 36-46, 2007	Sample's diagnoses not clear

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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, <i>Disability and rehabilitation</i> , 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, <i>Australian occupational therapy journal</i> , 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, <i>Psychiatric Services</i> , 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, <i>Australian Occupational Therapy Journal</i> , 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, <i>Journal of Occupational Science</i> , 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, <i>Dissertation Abstracts International Section A: Humanities and Social Sciences</i> , 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, <i>Telemedicine journal and e-health : the official journal of the American Telemedicine Association</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Journal of Vocational Rehabilitation</i> , 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, <i>International Journal of Nursing Studies Int J Nurs Stud</i> , 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, <i>Epidemiology and Psychiatric Sciences</i> , 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, <i>BMC Psychiatry</i> 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Psychiatric Rehabilitation Journal</i> <i>Psychiatr Rehabil J</i> , 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, <i>Community Mental Health Journal</i> , 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, <i>Mental health today</i> (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, <i>Health &amp; place</i> , 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, <i>Acta Psychiatrica Scandinavica</i> , 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, <i>Psychiatric Services</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Journal of Urban Health</i> , 93, 96-108, 2016	Sample's diagnoses not >66% psychosis
Prasko, J., Vrbova, K., Latalova, K., Mainerova, B., Psychoeducation for psychotic patients, <i>Biomedical Papers of the Medical Faculty of Palacky University in Olomouc, Czech Republic</i> , 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, <i>Psychiatric rehabilitation journal</i> , 35, 403-405, 2012	Not population of interest
Price-Robertson, R., Manderson, L., Duff, C., Mental Ill Health, Recovery and the Family Assemblage, <i>Culture, Medicine and Psychiatry</i> , 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, <i>Community Mental Health Journal</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Perspectives in psychiatric care</i> , 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, <i>The International journal of social psychiatry</i> , 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, <i>Community Mental Health Journal</i> , 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, <i>Australian and New Zealand Journal of Psychiatry</i> , 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, <i>Work (Reading, Mass.)</i> , 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, <i>Rural &amp; Remote Health</i> , 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, <i>Work</i> , 43, 77-89, 2012	Sample's diagnoses not clear
Rebeiro, K. L., Enabling occupation: the importance of an affirming environment, <i>Canadian Journal of Occupational Therapy - Revue Canadienne d'Ergotherapie</i> , 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, <i>Canadian Journal of Rehabilitation</i> , 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, <i>Social psychiatry and psychiatric epidemiology</i> , 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, <i>European Neuropsychopharmacology</i> , 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, <i>Journal of Psychiatric &amp; Mental Health Nursing</i> , 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, <i>BMC health services research</i> , 18, 66, 2018	Sample's diagnoses not clear
Ridgway, P., Restorying psychiatric disability: learning from first person recovery narratives, <i>Psychiatric rehabilitation journal</i> , 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, <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 62, 4234, 2002	Dissertation abstract, excluded according to the protocol
Roe, D., Individual Placement and Support (IPS): Possible Avenues to Maximize its Potential Benefits, <i>Administration &amp; Policy in Mental Health</i> , 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, <i>Journal of Nervous &amp; Mental Disease</i> , 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, <i>The Israel journal of psychiatry and related sciences</i> , 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?, <i>Psychiatric rehabilitation journal</i> , 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, <i>Perspectives in psychiatric care</i> , 54, 309-316, 2018	Sample's diagnoses not clear
Rose, D., Fleischmann, P., Schofield, P., Perceptions of user involvement: a user-led study, <i>The International journal of social psychiatry</i> , 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, <i>Hospital &amp; community psychiatry</i> , 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, <i>International Journal of Mental Health</i> , 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, <i>Journal of Dual Diagnosis</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Dissertation Abstracts International Section A: Humanities and Social Sciences</i> , 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, <i>Psychiatry</i> , 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, <i>Culture, Medicine and Psychiatry</i> , 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, <i>Culture, Medicine and Psychiatry</i> , 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, <i>Disability &amp; Rehabilitation</i> , 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, <i>Community Mental Health Journal</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>BMC Psychiatry</i> , 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, <i>Canadian Journal of Community Mental Health</i> , 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, <i>Journal of Vocational Rehabilitation</i> , 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, <i>Work</i> , 46, 325-36, 2013	Not clear if a rehabilitation service
Schmidt, G., Barriers to recovery in a First Nations community, <i>Canadian Journal of Community Mental Health</i> , 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, <i>Scandinavian Journal of Caring Sciences</i> , 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, <i>International Journal of Social Psychiatry</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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, <i>Asian Journal of Psychiatry</i> , 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, <i>Mental health today (Brighton, England)</i> , 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, <i>Dissertation Abstracts International Section A: Humanities and Social Sciences</i> , 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, <i>Journal of applied research in intellectual disabilities : JARID</i> , 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, <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 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, <i>Psychiatric Services</i> , 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, <i>Current Psychiatry Reviews</i> , 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, <i>Psychosis: Psychological, Social and Integrative Approaches</i> , 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, <i>Cognitive and Behavioral Practice</i> , 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, <i>Psychiatric rehabilitation journal</i> , 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., Morrison, 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
Wroblewski, 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

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## 2 Economic studies

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

### 6 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 Psychiatry Br 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.

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

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?, <i>Acta Psychiatrica Scandinavica, Supplementum Acta Psychiatr Scand Suppl</i> , 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), <i>Journal of Mental Health</i> , 5, 379-94, 1996	Available as abstract only.
Beecham, J., Knapp, M., Fenyo, A., Costs, needs, and outcomes, <i>Schizophrenia Bulletin</i> , 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, <i>Schizophrenia Bulletin</i> , 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, <i>Psychiatric Services</i> , 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, <i>Australian &amp; New Zealand Journal of Psychiatry</i> , 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, <i>Archives of Psychiatric Nursing</i> , 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, <i>Health Services Research</i> , 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.

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

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.

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

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), <i>Journal of Mental Health</i> <i>J Ment Health</i> , 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, <i>Psychiatric Services</i> <i>Psychiatr Serv</i> , 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?, <i>Schizophrenia Bulletin</i> <i>Schizophr Bull</i> , 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), <i>Journal of Clinical Psychopharmacology</i> , 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, <i>Psychiatric Services</i> <i>Psychiatr Serv</i> , 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, <i>International Journal of Technology Assessment in Health Care</i> <i>Int J Technol Assess Health Care</i> , 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), <i>British Journal of Psychiatry</i> <i>Br J Psychiatry</i> , 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, <i>Acta Psychiatrica Scandinavica</i> <i>Acta Psychiatr Scand</i> , 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), <i>Actas Luso-</i>	Available as abstract only.

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

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, Pharmaco-economic 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.

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## 1 **Appendix L – Research recommendations**

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

6 No research recommendations were made for this review question.

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## 1 Appendix M – Quotes extracted from the qualitative papers

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

6 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...
		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]
		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		

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.

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

Author	Author's reported finding	Quote
	Having access to consumer-oriented programs	<p>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.</p> <p>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.</p>
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.

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	<p>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.</p> <p>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.</p>
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	<p>'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].</p> <p>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].</p> <p>just the social side too, being with people, the social interactions [Amanda 529].</p>

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

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  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  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
Koletsis 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
	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

Author	Author's reported finding	Quote
		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]

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

Author	Author's reported finding	Quote
	Improving Psychological Well-Being	<p>[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]</p> <p>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]</p> <p>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]</p>
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	<p>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.</p> <p>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</p>
	Group therapy	<p>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 . . .</p> <p>group gives you a place to be, a reason to be there.</p> <p>We're all in the same boat and knowing that you're not alone is good . . .</p>
	Self-Help 12-Step Groups	<p>I got a medallion to celebrate cleanliness and health</p> <p>They tell bad things about alcohol . . . some people had four DWIs, or had lost their mom, or lost someone in a car accident</p>

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

Author	Author's reported finding	Quote
	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]	

Author	Author's reported finding	Quote
	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	

Author	Author's reported finding	Quote
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].  '...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].

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