SCIE Knowledge review 21: Supporting people in accessing meaningful work: Recovery approaches in community based adult mental health services

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Contents

social care
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Appendix A: User involvement

Approach and rationale

The knowledge review needed to reflect the views from and implications for a broad range of people with mental health problems representing differences in gender, ethnicity, culture, sexual orientation, disability and cognitive ability. The research review and practice survey focused on research and practice perspectives but the data obtained also includes a range of other perspectives. These perspectives feature in both the user involvement and as a primary or secondary focus of the data collection and analysis (see Table A1).

Table A1: Summary of sources of perspective to inform the knowledge review

Perspective	Research review	Practice survey	Project Advisory Group	Project consultants
Service user	C	C	A	C
Ethnic minority	C	C	A	C
Practice	C	B	A	C
Policy	C	C	A	C
Research	B	C	C	A

Notes: A = named individual; B = main focus of data collection; C = secondary focus of data collection.

Table A1 illustrates where the different perspectives are represented. Practitioners' perspectives are the main focus of the practice survey, while service users and policy makers are a secondary focus of the research review and practice survey. The Project Advisory Group and the project consultants have had an equal role in providing feedback on the conduct, scope and content of the knowledge review.

Approach used

Project Advisory Group

Project Advisory Group members brought knowledge and experience of community-based mental health services from a user, policy and practitioner perspective.

The Project Advisory Group played a key role in informing the progress of the knowledge review. This was achieved by consultation with the Project Advisory Group at three key stages:

May 2007: Scoping of the whole knowledge review including: (a) specification of the research review questions; and (b) draft specification of practice survey questions and participants.

July 2007: Update on the knowledge review and specification on the practice survey interview content and participants.

January 2008: Draft research review and draft practice review reports sent to the Project Advisory Group electronically for comment.
The lead author of the knowledge review undertook responsibility for recruiting and supporting the Project Advisory Group.
To assist the involvement of Project Advisory Group members in the review the following methods were used:

- Terms of reference for the Project Advisory group were written up and agreed with members of the group, that included:
    - the aims of the Project Advisory Group;
    - background information detailing the range of experience each member was bringing to the group;
    - specific aims for each of the two meetings.
- The meetings were informal, but designed to facilitate active involvement, have clear aims and objectives and were held at the EPPI-Centre in London.
- Project Advisory Group members were being invited to provide feedback on draft material before the meetings by email.
- Although the Social Care Institute for Excellence (SCIE) referred all Project Advisory Group members to the review team, there was an assumption that all members had a basic familiarity with research methods; a glossary of research terms relating to this knowledge review was also circulated.
- Minutes of each meeting and the suggestions made were circulated to all members for comments and amendments.
- In order to appreciate the time and resources it takes to attend project advisory groups, Project Advisory Group members were offered a small payment to reflect their time and contribution.

Project consultants
The project consultant on this knowledge review was chosen because of his extensive experience as a senior lecturer in social work, user-focused work and academic contributions in the field of recovery, which has enabled him to provide substantive topic input at key stages in the knowledge review.
We chose an academic with practice-based experience in community-based mental health services and social work to raise substantive topic issues, and to provide methodological guidance to the knowledge review. The majority of communication with the consultant was conducted via email. Draft documents of work completed were made available to advise on either at the same point as, or after, feedback had been sought from SCIE and the Project Advisory Group.
The project consultant provided input at three key points in the knowledge review:

1. Protocol

- Reading the protocol and giving opinions on the overall scope and substantive issues of the knowledge review.
- Providing valuable ideas and/or insight into solving specific challenges within the project that arise from reading the protocol.

2. Data analysis

- Advising on the design and data analysis of the practice survey.

3. Report and dissemination

- Reading the draft report and making suggestions for improvement.
- Advising on user-friendly summaries and methods for dissemination.

Appendix B: Research review methodology

Updating of the systematic map: search strategy

Searching for studies to include in the systematic map was conducted in June 2006. For the purposes of the knowledge review the searching has been updated from June 2006 to May 2007. Searches were updated by replicating the original database search strategy. The search strategy used for the systematic map can be found here: www.scie.org.uk/publications/researchresources/rr03.asp
The studies identified from replicating the database searching is provided in the knowledge review. The following websites and journals were hand searched:

Hand searching: websites	No of studies identified
worksupport.com	0
Substance Abuse and Mental Health Services Administration	0
SOLIS	0
FORIS	0
Social Policy Research Unit	0
Portals and resource collections Repository of Resources on Recovery	0
NOD	1
NIMHE	0
National Institute of Mental Health (USA)	0
Mental Health Recovery Reference Guide	0
Joseph Rowntree Foundation	0
Australian Government Department of Health and Ageing: Mental Health and Wellbeing	0
Center on Mental Health Services Research and Policy, University of Illinois	4
Centre for Economic and Social Inclusion	0
Cochrane	8
Campbell	0
DH	0
DWP	1
London MH Research and Development Virtual Institute	0
Evidence Based Practices	0
Intute	0

Hand searching: Journals	No of studies identified
A Life in the Day	0
American Journal of Psychiatric Rehabilitation	0

British Journal of Psychiatry	0
Journal of Mental Health	1
Community Mental Health Journal	0
International Journal of Social Psychiatry	0
International Review of Psychiatry	0
Journal of Mental Health	0
Journal of Psychiatric and Mental Health Nursing	0
Psychiatric Rehabilitation Journal	0
Psychiatric Services	0
WORK: A Journal of Prevention, Assessment and Rehabilitation	0

Screening studies: applying inclusion and exclusion criteria

First-stage screening: studies from the update of the systematic map have been excluded using the original criteria used in the systematic map. These were:

• *Scope:* not about community-based day activities in mental health.
• *Population:* the majority of participants are not adults with mental illness aged 18-65.
• *Intervention type:* not about vocational/training interventions.
• *Recovery approach:* intervention is not based on the recovery model/person-centred approach.
• *Study type:* not an empirical study (but includes systematic reviews).
• *Language:* language not English in full text.
• *Publication type:* type of publication is popular media or professional magazines (in general social care).
• *Publication date:* published prior to 1978.

Exclusion criteria for updating of the systematic map

Studies 'not meeting all of the inclusion criteria'.

Second-stage screening: moving from broad characterisation (systematic mapping) to the research review.

The mapping exercise conducted by SCIE has identified many studies relevant to the aims and objectives set out in the project brief for the knowledge review. The studies identified cover a diverse range of vocational and training interventions that have been implemented in community-based adult mental health services.

To identify which studies have been included and in order to answer both research review questions and to synthesise a coherent and manageable subset of studies in the research review a second set of exclusion criteria were added to the first set of criteria and applied to all the studies in the systematic map.

The final set of included studies in the research review aim to evaluate the impact and process of community-based training and vocational interventions with an overtly recovery-orientated approach.

The inclusion and exclusion criteria used to screen for this subset were as follows.

Research review inclusion criteria

1. Intervention types concerned with 'recovery'

That is, training and vocational interventions that explicitly aim to work *with* mental health service users to define and/or achieve person-centred outcomes.
Definitions: 'working with' is understood as a relationship between the mental health service users and the service provider. This can be placed on a continuum, for example:

- *Ownership*: when mental health service users initiate the intervention and they have decision-making control of all aspects of the intervention.
- *Delegation*: the power to make decisions about the intervention is delegated from the service providers to mental health service users.
- *Partnership*: mental health service users and service providers work in partnership to make joint decisions about the intervention.

Person-centred outcomes and approaches can include (although this is not a definitive list):

- individualised and person-centred
- self-direction
- empowerment
- holistic
- non-linear
- strengths-based
- peer support
- respect
- responsibility
- hope
- social inclusion.

Include studies that are either:
2. Study designs on process and impact with evaluations of at least one of these types:

- single group
- controlled trials
- randomised control trials
- process evaluations.

Study designs definitions:
Single group experiments are a type of experiment where pre-test and post-tests are used to measure the effect of an intervention on a single sample without a control group.
Controlled trials are a type of experiment used to determine the effect of the intervention received by the experimental group. Participants are assigned to either an experimental group (that receives the intervention) or a control group (the group that does not receive an intervention).
Randomised controlled trials are controlled trials where participants are randomly assigned to either an experimental group or a control group.
Process evaluations are evaluations designed to describe and evaluate the processes by which the intervention occurs and has its effects. Ways may be suggested in which the programme design and implementation could be improved.

3. Include outcome evaluations that report non-vocational outcomes.

Research review exclusion criteria

1. Intervention types not overtly concerned with 'recovery' such as:
    - training and vocational interventions that do not aim to work with mental health service users to define and/or achieve person-centred outcomes.

Exclude studies that are either:

2. Study designs not on process and impact such as:
    - descriptions
    - exploration of relationships
    - methodology
    - reviews
    - secondary data analysis
    - systematic reviews.

Studies were also excluded if they *only* reported on:

- the proportion of services users who accessed, completed or dropped out of the training and vocational interventions;
- the demographics and clinical characteristics of service users who accessed, completed or dropped out of the training and vocational interventions; *or*
- studies that did *not* report an explicit methodology or provide any data.

3. Outcome evaluations that did *not* report non-vocational outcomes.

We have excluded systematic reviews from the research review because:

- they do not explicitly synthesis the impact of recovery-oriented training and vocational interventions on non-vocational outcomes and therefore do not answer our research review question;
- because of resource constraints we cannot complete a full systematic review of reviews of the impact of recovery-orientated training and vocational interventions on vocational outcomes.

However, we have hand searched the reference lists of each systematic review to identify any additional studies relevant to answering the research review question. We have also included an outline of their findings in the discussion section of Section 3 in the knowledge review.

Screening studies: applying inclusion and exclusion criteria

The inclusion and exclusion criteria were applied at two points: successively to (i) titles and abstracts and (ii) full reports.

Identifying studies: quality assurance process

A sample of the citations that could potentially be included in the research review was screened by two researchers, working first independently and then comparing their decisions and coming to a consensus. The exclusion criteria were further revised after this moderation exercise was completed. Another sample of citations were double screened to check the consistency in the application of the inclusion and exclusion criteria. The remaining sample of studies was screened independently by single reviewers.

Detailed description of studies in the systematic review of research

Systematic reviews

The systematic reviews were identified from the map and have been used to provide further context to the evidence base on the effectiveness of recovery-orientated training and vocational interventions. An overview of the main findings identified from the systematic reviews has been provided in the research review discussion (Section 3.5) and structured abstractions are also provided in Appendix 3.3. It is important to note that the systematic reviews have not been through formal coding or quality assurance procedures. They are simply to provide further background information on research into the impact of recovery-orientated training and vocational interventions.

Individual studies in the research review

A detailed description of the studies meeting the first and second set of inclusion criteria are presented in the research review (Section 3 of the knowledge review) including: the aims of the research; the type of vocational and training community-based adult mental health services studied; the type of person-centred recovery-orientated approaches adopted; the study design; study findings and conclusions; and quality and relevance of results (weight of evidence, or WoE). See Appendix C for the data extraction coding tool and review-specific questions and Appendices E and F for further details on each study.

Assessing the quality of studies and WoE for the review questions

Studies included in the review of research have been analysed in depth using the EPPI-Centre's data extraction guidelines (see Appendix C) using EPPI-Reviewer software (Thomas and Brunton, 2006).[84]

Three components have been used to help make explicit the process of apportioning different weights to the findings and conclusion of different studies. These WoEs are based on the following three dimensions:

A. Soundness of studies (internal methodological coherence), based on the quality of and trustworthiness of the study in its own terms.
B. Appropriateness of the research design and analysis used for answering the review question.
C. Relevance of the study topic (from the sample, measures, scenario, or other indicator of the focus of the study) to answer the review question.
D. Overall WoE taking in account A, B and C.

The overall WoE D is an average of A, B and C. However, if any of the studies were scored weight as low on criteria A, B or C, were given an overall low WoE on D and excluded from the research review.

Synthesis of evidence

The data from the process and impact evaluations have been synthesised to answer the research review question.

The synthesis explores the impact and processes of recovery-orientated/person-centred approaches in community-based adult mental health services that aim to

support people in accessing work, education and other forms of meaningful occupation.
The synthesis:

- organises the description of the studies into thematic categories;
- analyses the findings within each of the categories;
- synthesises the findings across all the included studies.

Evidence of recovery-orientated outcomes and the impact of training and vocational interventions which aim to support adults with mental health difficulties accessing work, education and other forms of meaningful occupation have been obtained from studies included in the research review.
Evidence about how training and vocational interventions which aim to support adults with mental health difficulties in accessing work, education and other forms of meaningful occupation have been delivered have been obtained from both the research review and the practice survey.

Research review: quality assurance process

Each study included in the research review has been subject to data extraction and assessment of WoE by two members of the review team. They worked independently first, then compared decisions to reach a consensus.

Appendix C: Data extraction coding tool

Recovery knowledge review Data extraction tool

Section A: Administrative details

Use of these guidelines should be cited as: EPPI-Centre (2007) *Review guidelines for extracting data and quality assessing primary studies in educational research*, Version 2.0, London: EPPI-Centre, Social Science Research Unit.

A.1 Name of the reviewer	A.1.1 Details
A.2 Date of the review	A.2.1 Details
A.3 Please enter the details of each paper which reports on this item/study and which is used to complete this data extraction. *1) A paper can be a journal article, a book, or chapter in a book, or an unpublished report.*	A.3.1 Paper (1) *Fill in a separate entry for further papers as required.* A.3.2 Unique identifier: A.3.3 Authors: A.3.4 Title: A.3.5 Paper (2) A.3.6 Unique identifier: A.3.7 Authors: A.3.8 Title:
A.4 Main paper. Please classify one of the above papers as the 'main' report of the study and enter its unique identifier here. *Note (1): When only one paper reports on the study, this will be the 'main' report.* *Note (2): In some cases the 'main' paper will be the one that provides the fullest or the latest report of the study. In other cases the decision about which is the 'main' report will have to be made on an arbitrary basis.*	A.4.1 Unique identifier:
A.5 Please enter the details of each paper which reports on this study but is NOT being used to complete this data extraction.	A.5.1 Paper (1) *Fill in a separate entry for further papers as required.*

Note: A paper can be a journal article, a book, or chapter in a book, or an unpublished report.	A.5.2 Unique identifier: A.5.3 Authors: A.5.4 Title: A.5.5 Paper (2) A.5.6 Unique identifier: A.5.7 Authors: A.5.8 Title:
A.6 If the study has a broad focus and this data extraction focuses on just one component of the study, please specify this here.	A.6.1 Not applicable (whole study is focus of data extraction) A.6.2 Specific focus of this data extraction (please specify)
A.7 Status *Please use ONE keyword only*	A.7.1 Published *Please use this keyword if the report has an ISBN or ISSN number.* A.7.2 Published as a report or conference paper *Please use this code for reports that do not have an ISBN or ISSN number (eg 'internal' reports, conference papers)* A.7.3 Unpublished *eg thesis or author typescript*
A.8 Language (please specify)	A.8.1 Details of language of report *Please use as many keywords that apply* *If the name of the language is specified/known then please use the name as a keyword. For example:* *Dutch* *English* *French* *If non-English and you cannot name the language:* *non-English*

Section B: Study aims and rationale

B.1 What are the broad aims of the study? *Please write in authors' description if there is one. Elaborate if necessary, but indicate which aspects are the reviewers' interpretation. Other, more specific questions about the research questions and hypotheses are asked later.*	B.1.1 Explicitly stated (please specify) B.1.2 Implicit (please specify) B.1.3 Not stated/unclear (please specify)
B.2 What is the purpose of the study? *Note: This question refers only to the purpose of a study, not to the design or methods used.* *A: Description* *Please use this code for studies in which the aim is to produce a description of a state of affairs or a particular phenomenon, and/or to document its characteristics. In these types of studies there is no attempt to evaluate a particular intervention programme (according to either the processes involved in its implementation or its effects on outcomes), or to examine the associations between one or more variables. These types of studies are usually, but not always, conducted at one point in time (ie, cross sectional). They can include studies such as an interview of headteachers to count how many have explicit policies on continuing professional development for teachers; a study documenting student attitudes to national examinations using focus groups; a survey of the felt needs of parents using self-completion questionnaires about whether they want a school bus service.* *B: Exploration of relationships* *Please use this code for a study type*	B.2.1 A: Description B.2.2 B: Exploration of relationships B.2.3 C: What works? B.2.4 D: Methods development B.2.5 E: Reviewing/synthesising research

which examines relationships and/or statistical associations between variables in order to build theories and develop hypotheses. These studies may describe a process or processes (what goes on) in order to explore how a particular state of affairs might be produced, maintained and changed. *These relationships may be discovered using qualitative techniques, and/or statistical analyses. For instance, observations of children at play may elucidate the process of gender stereotyping, and suggest the kinds of interventions that may be appropriate to reduce any negative effects in the classroom. Complex statistical analysis may be helpful in modelling the relationships between parents' social class and language in the home. These may lead to the development of theories about the mechanisms of language acquisition, and possible policies to intervene in a causal pathway.* *These studies often consider variables such as social class and gender that are not interventions, although these studies may aid understanding, and may suggest possible interventions, as well as ways in which a programme design and implementation could be improved. These studies do not directly evaluate the effects of policies and practices.* *C: What works* *A study will only fall within this category if it measures effectiveness – ie the impact of a specific intervention or programme on a defined sample of recipients or subjects of the programme or intervention.*	

D: Methods development *Studies where the principle focus is on methodology.* *E: Reviewing/synthesising research* *Studies that summarise and synthesise primary research studies.*	
B.3 Why was the study done at that point in time, in those contexts and with those people or institutions? *Please write in authors' rationale if there is one. Elaborate if necessary, but indicate which aspects are the reviewers' interpretation.*	B.3.1 Explicitly stated (please specify) B.3.2 Implicit (please specify) B.3.3 Not stated/unclear (please specify)
B.4 Was the study informed by, or linked to, an existing body of empirical and/or theoretical research? *Please write in authors' description if there is one. Elaborate if necessary, but indicate which aspects are the reviewers' interpretation.*	B.4.1 Explicitly stated (please specify) B.4.2 Implicit (please specify) B.4.3 Not stated/unclear (please specify)
B.5 Which of the following groups were consulted in working out the aims of the study, or issues to be addressed in the study? *Please write in authors' description if there is one. Elaborate if necessary, but indicate which aspects are the reviewers' interpretation. Please cover details of how and why people were consulted and how they influenced the aims/issues to be addressed.*	B.5.1 Service user B.5.2 Practitioner B.5.3 Carer B.5.4 Parent of service user B.5.5 Funder (please specify) B.5.6 Child of service user B.5.7 Service provider B.5.8 Other (please specify) B.5.9 None/not stated B.5.10 Coding is based on: authors' description B.5.11 Coding is based on: reviewers' inference
B.6 Do authors report how the study was funded?	B.6.1 Explicitly stated (please specify) B.6.2 Implicit (please specify)

	B.6.3 Not stated/unclear (please specify)
B.7 When was the study carried out? *If the authors give a year, or range of years, then put that in. If not, give a 'not later than' date by looking for a date of first submission to the journal, or for clues like the publication dates of other reports from the study.*	B.7.1 Explicitly stated (please specify) B.7.2 Implicit (please specify) B.7.3 Not stated/unclear (please specify)
B.8 What are the study research questions and/or hypotheses? *Research questions or hypotheses operationalise the aims of the study. Please write in authors' description if there is one. Elaborate if necessary, but indicate which aspects are the reviewers' interpretation.*	B.8.1 Explicitly stated (please specify) B.8.2 Implicit (please specify) B.8.3 Not stated/ unclear (please specify)

Section C: Actual sample

If there are several samples or levels of sample, please complete for each level.

C.1 Who or what is/are the sample in the study? *Please use AS MANY codes AS APPLY to describe the nature of the sample of the report. Only indicate a code if the report specifically characterises the sample focus in terms of the categories indicated below.*	C.1.1 Details
C.2 What is the work status of the study sample?	C.2.1 Currently employed (give details) C.2.2 Currently unemployed (give details) C.2.3 Previously/currently in V&T programme (give details) C.2.4 Not limited/not specified (give details)
C.3 What was the total number of participants in the study (the actual sample)?	C.3.1 Not applicable (eg study of policies, documents etc)

If more than one group is being compared, please give numbers for each group.	C.3.2 Explicitly stated (please specify) C.3.3 Implicit (please specify) C.3.4 Not stated/unclear (please specify)
C.4 What is the proportion of those selected for the study who actually participated in the study? *Please specify numbers and percentages if possible.*	C.4.1 Not applicable (eg review) C.4.2 Explicitly stated (please specify) C.4.3 Implicit (please specify) C.4.4 Not stated/unclear (please specify)
C.5 Which country/countries are the individuals in the actual sample from? *If UK, please distinguish between England, Scotland, Northern Ireland and Wales, if possible. If from different countries, please give numbers for each.* *If more than one group is being compared, please describe for each group.*	C.5.1 Not applicable (eg study of policies, documents, etc) C.5.2 Explicitly stated (please specify) C.5.3 Implicit (please specify) C.5.4 Not stated/unclear (please specify)
C.6 What ages are covered by the actual sample? *Please give the numbers of the sample that fall within each of the given categories. If necessary refer to a page number in the report (eg for a useful table).* *If more than one group is being compared, please describe for each group.* *If follow-up study, age of entry to the study.*	C.6.1 Details C.6.2 Not stated/unclear (please specify) C.6.3 Coding is based on: authors' description C.6.4 Coding is based on: reviewers' inference
C.7 What is the sex of participants? *Please give the numbers of the sample that fall within each of the given categories. If necessary refer to a page number in the report (eg for a useful table).*	C.7.1 Not applicable (eg study of policies, documents etc) C.7.2 Single sex (please specify) C.7.3 Mixed sex (please specify) C.7.4 Not stated/unclear (please

If more than one group is being compared, please describe for each group.	specify) C.7.5 Coding is based on: authors' description C.7.6 Coding is based on: reviewers' inference
C.8 What is the socio-economic status of the individuals within the actual sample? *If more than one group is being compared, please describe for each group.*	C.8.1 Not applicable (eg study of policies, documents etc) C.8.2 Explicitly stated (please specify) C.8.3 Implicit (please specify) C.8.4 Not stated/unclear (please specify)
C.9 What is the ethnicity of the individuals within the actual sample? *If more than one group is being compared, please describe for each group.*	C.9.1 Not applicable (eg study of policies, documents etc) C.9.2 Explicitly stated (please specify) C.9.3 Implicit (please specify) C.9.4 Not stated/unclear (please specify)
C.10 What is known about the special educational needs of individuals within the actual sample? *eg specific learning, physical, emotional, behavioural, intellectual difficulties.*	C.10.1 Not applicable (eg study of policies, documents etc) C.10.2 Explicitly stated (please specify) C.10.3 Implicit (please specify) C.10.4 Not stated/unclear (please specify)
C.11 Please specify any other useful information about the study participants.	C.11.1 Details

Section D: Programme or intervention description

D.1 If a programme or intervention is being studied, does it have a formal name?	D.1.1 Not applicable (no programme or intervention) D.1.2 Yes (please specify) D.1.3 No (please specify)

	D.1.4 Not stated/unclear (please specify)
D.2 Theory of change *Describe the intervention in detail, whenever possible copying the authors' description from the report word for word. If specified in the report, also describe in detail what the control/comparison group(s) were exposed to.*	D.2.1 Details
D.3 Aim(s) of the intervention	D.3.1 Not stated D.3.2 Not explicitly stated (write in, as worded by the reviewer) D.3.3 Stated (write in, as stated by the authors)
D.4 Describe the stages/characteristics of the intervention *Describe the form that the intervention takes eg how many stages are there? Are there any concrete activities/services offered? What are they? How are they delivered?*	D.4.1 Details
D.5 To what extent are the aims of the intervention co-produced?	D.5.1 Explicitly stated (write in as worded by the author) D.5.2 Implicitly stated (write in as worded by the reviewer) D.5.3 Not stated
D.6 Year intervention started *Where relevant*	D.6.1 Details
D.7 Duration of the intervention *Choose the relevant category and write in the exact intervention length if specified in the report.* *When the intervention is ongoing, tick 'OTHER' and indicate the length of intervention as the length of the outcome assessment period.*	D.7.1 Not stated D.7.2 Not applicable D.7.3 Unclear D.7.4 One day or less (please specify) D.7.5 One day to one week (please specify) D.7.6 One week (and one day) to one month (please specify)

	D.7.7 One month (and one day) to three months (please specify) D.7.8 Three months (and one day) to six months (please specify) D.7.9 Six months (and one day) to one year (please specify) D.7.10 One year (and one day) to two years (please specify) D.7.11 Two years (and one day) to three years (please specify) D.7.12 Three years (and one day) to five years (please specify) D.7.13 More than five years (please specify) D.7.14 Other (please specify)
D.8 Person providing the intervention *Tick as many as appropriate.*	D.8.1 Not stated D.8.2 Unclear D.8.3 Not applicable D.8.4 Counsellor D.8.5 Health professional (please specify) D.8.6 Peer D.8.7 Psychologist D.8.8 Researcher D.8.9 Social worker D.8.10 Teacher/lecturer D.8.11 Occupational therapist D.8.12 Training and vocational Counsellor D.8.13 Other (specify) D.8.14 Not applicable
D.9 Number of people recruited to provide the intervention (and comparison condition)	D.9.1 Not stated D.9.2 Unclear

eg teachers or health professionals.	D.9.3 Reported (include the number for the providers involved in the intervention and comparison groups, as appropriate) D.9.4 Not applicable
D.10 How were the people providing the intervention recruited? (Write in.) Also, give information on the providers involved in the comparison group(s), as appropriate	D.10.1 Not stated D.10.2 Stated (write in) D.10.3 Not applicable
D.11 Was special training given to people providing the intervention? *Provide as much detail as possible.*	D.11.1 Not stated D.11.2 Unclear D.11.3 Yes (please specify) D.11.4 No D.11.5 Not applicable

Section E: Results and conclusions

In future this section is likely to incorporate material from EPPI-Reviewer to facilitate reporting numerical results.

E.1 How are the results of the study presented? *eg as quotations/ figures within text, in tables, as appendices.*	E.1.1 Details E.1.2 Unclear/not stated (specify)
E.2 What are the results of the study as reported by the authors? *Before completing data extraction you will need to consider what type of synthesis will be undertaken and what kind of 'results' data is required for the synthesis.* *Warning! Failure to provide sufficient data here will hamper the synthesis stage of the review.* *Please give details and refer to page numbers in the report(s) of the study, where necessary (eg for key tables).*	E.2.1 Details
E.3 What do the author(s) conclude about the findings of the study?	E.3.1 Details

Please give details and refer to page numbers in the report of the study, where necessary.	

Section F: Study method

F.1 Study timing *Please indicate all that apply and give further details where possible.* *If the study examines one or more samples but each at only one point in time it is cross-sectional.* *If the study examines the same samples but as they have changed over time, it is a retrospective, provided that the interest is in starting at one time point and looking backwards over time.* *If the study examines the same samples as they have changed over time and if data are collected forward over time, it is prospective provided that the interest is in starting at one time point and looking forward in time.*	F.1.1 Cross-sectional F.1.2 Retrospective F.1.3 Prospective F.1.4 Not stated/unclear (please specify)
F.2 When were the measurements of the variable(s) used as outcome measures made, in relation to the intervention? *Use only if the purpose of the study is to measure the effectiveness or impact of an intervention or programme ie, its purpose is coded as 'what works' in Section B2.* *If at least one of the outcome variables is measured both before and after the intervention, please use the 'before and after' category.*	F.2.1 Not applicable (not an evaluation) F.2.2 Before and after F.2.3 Only after F.2.4 Other (please specify) F.2.5 Not stated/unclear (please specify)
F.3 What is the method used in the study? *Note: Studies may use more than one*	F.3.1 Random experiment with random allocation to groups

method please code each method used for which data extraction is being completed and the respective outcomes for each method. *A: Please use this code if the outcome evaluation employed the design of a randomised controlled trial (RCT). To be classified as an RCT, the evaluation must:* *i). compare two or more groups which receive different interventions or different intensities/levels of an intervention with each other; and/or with a group which does not receive any intervention at all* *AND* *ii) allocate participants (individuals, groups, classes, schools, LEAs etc) or sequences to the different groups based on a fully random schedule (eg a random numbers table is used). If the report states that random allocation was used and no further information is given then please keyword as RCT. If the allocation is NOT fully randomised (eg allocation by alternate numbers by date of birth) then please keyword as a non-RCT.* *B: Please use this code if the evaluation compared two or more groups that receive different interventions, or different intensities/levels of an intervention to each other and/or with a group which does not receive any intervention at all BUT DOES NOT allocate participants (individuals, groups, classes, schools, LEAs etc) or sequences in a fully random manner. This keyword should be used for studies which describe groups being allocated using a quasi-random method (eg allocation by*	F.3.2 Experiment with non-random allocation to groups F.3.3 One group pre-post test F.3.4 One group post-test only F.3.5 Cohort study F.3.6 Case-control study F.3.7 Cross-sectional study F.3.8 Views study F.3.9 Ethnography F.3.10 Systematic review F.3.11 Other review (non-systematic) F.3.12 Case study F.3.13 Document study F.3.14 Action research F.3.15 Methodological study F.3.16 Secondary data analysis

alternate numbers or by date of birth) or other non-random method. *C: Please use this code where a group of subjects eg a class of school children is tested on outcome of interest before being given an intervention that is being evaluated. After receiving the intervention the same test is administered again to the same subjects. The outcome is the difference between the pre and post-test scores of the subjects.* *D: Please use this code where one group of subjects is tested on outcome of interest after receiving the intervention which is being evaluated.* *E: Please use this code where researchers prospectively study a sample (eg learners), collect data on the different aspects of policies or practices experienced by members of the sample (eg teaching methods, class sizes), look forward in time to measure their later outcomes (eg achievement) and relate the experiences to the outcomes achieved. The purpose is to assess the effect of the different experiences on outcomes.* *F: Please use this code where researchers compare two or more groups of individuals on the basis of their current situation (eg 16-year-old pupils with high current educational performance compared to those with average educational performance), and look back in time to examine the statistical association with different policies or practices which they have experienced (eg class size; attendance at single sex or mixed sex schools; non-school activities etc).*	

G: Please use this code where researchers have used a questionnaire to collect quantitative information about items in a sample or population eg parents' views on education. *H: Please use this code where the researchers try to understand phenomenon from the point of the 'worldview' of a particular, group, culture or society. In these studies there is attention to subjective meaning, perspectives and experience.* *I: Please use this code when the researchers present a qualitative description of human social phenomena, based on fieldwork.* *J: Please use this code if the review is explicit in its reporting of a systematic strategy used for (i) searching for studies (ie, it reports which databases have been searched and the keywords used to search the database, the list of journals hand searched, and describes attempts to find unpublished or 'grey' literature; (ii) the criteria for including and excluding studies in the review; and, (iii) methods used for assessing the quality and collating the findings of included studies.* *K: Please use this code for cases where the review discusses a particular issue bringing together the opinions/findings/conclusions from a range of previous studies but where the review does not meet the criteria for a systematic review (as defined above).* *L: please use this code when researchers refer specifically to their*	

design/ approach as a 'case study'. Where possible further information about the methods used in the case study should be coded. *M: please use this code where researchers have used documents as a source of data eg newspaper reports.* *N: Please use this code where practitioners or institutions (with or without the help of researchers) have used research as part of a process of development and/or change. Where possible further information about the research methods used should be coded.* *O: Please use this keyword for studies that focus on the development or discussion of methods; for example discussions of a statistical technique, a recruitment or sampling procedure, a particular way of collecting or analysing data etc. It may also refer to a description of the processes or stages involved in developing an 'instrument' (eg an assessment procedure).* *P: Please use this code where researchers have used data from a pre-existing dataset eg the British Household Panel Survey to answer their 'new' research question.*	

Section G: Methods groups

G.1 If comparisons are being made between two or more groups*, please specify the basis of any divisions made for making these comparisons *Please give further details where possible.* **If no comparisons are being made*	G.1.1 Not applicable (not more than one group) G.1.2 Prospective allocation into more than one group *eg allocation to different interventions, or allocation to intervention and control groups.*

between groups please continue to Section I (Methods – sampling strategy)	G.1.3 No prospective allocation but use of pre-existing differences to create comparison groups *eg. receiving different interventions or characterised by different levels of a variable such as social class.* G.1.4 Other (please specify) G.1.5 Not stated/unclear (please specify)
G.2 How do the groups differ?	G.2.1 Not applicable (not in more than one group) G.2.2 Explicitly stated (please specify) G.2.3 Implicit (please specify) G.2.4 Not stated/unclear (please specify)
G.3 Number of groups *For instance, in studies in which comparisons are made between groups, this may be the number of groups into which the dataset is divided for analysis (eg social class, or form size), or the number of groups allocated to, or receiving, an intervention.*	G.3.1 Not applicable (not more than one group) G.3.2 One G.3.3 Two G.3.4 Three G.3.5 Four or more (please specify) G.3.6 Other/unclear (please specify)
G.4 If prospective allocation into more than one group, what was the unit of allocation? *Please indicate all that apply and give further details where possible.*	G.4.1 Not applicable (not more than one group) G.4.2 Not applicable (no prospective allocation) G.4.3 Individuals G.4.4 Groupings or clusters of individuals (eg classes or schools) please specify G.4.5 Other (eg individuals or groups acting as their own controls – please specify) G.4.6 Not stated/unclear (please specify)

G.5 If prospective allocation into more than one group, which method was used to generate the allocation sequence?	G.5.1 Not applicable (not more than one group) G.5.2 Not applicable (no prospective allocation) G.5.3 Random G.5.4 Quasi-random G.5.5 Non-random G.5.6 Not stated/unclear (please specify)
G.6 If prospective allocation into more than one group, was the allocation sequence concealed? *Bias can be introduced, consciously or otherwise, if the allocation of pupils or classes or schools to a programme or intervention is made in the knowledge of key characteristics of those allocated. For example, children with more serious reading difficulty might be seen as in greater need and might be more likely to be allocated to the 'new' programme, or the opposite might happen. Either would introduce bias.*	G.6.1 Not applicable (not more than one group) G.6.2 Not applicable (no prospective allocation) G.6.3 Yes (please specify) G.6.4 No (please specify) G.6.5 Not stated/unclear (please specify)
G.7 Study design summary *In addition to answering the questions in this section, describe the study design in your own words. You may want to draw on and elaborate on the answers already given.*	G.7.1 Details

Section H: Methods – Sampling strategy

H.1 Are the authors trying to produce findings that are representative of a given population? *Please write in authors' description. If authors do not specify, please indicate the reviewers' interpretation.*	H.1.1 Explicitly stated (please specify) H.1.2 Implicit (please specify) H.1.3 Not stated/unclear (please specify)
H.2 What is the sampling frame (if any) from which the participants are	H.2.1 Not applicable (please specify) H.2.2 Explicitly stated (please specify)

chosen? *eg telephone directory, electoral register, postcode, school listings etc.* *There may be two stages – eg first sampling schools and then classes or pupils within them.*	H.2.3 Implicit (please specify) H.2.4 Not stated/unclear (please specify)
H.3 Which method does the study use to select people, or groups of people (from the sampling frame)? *eg selecting people at random, systematically – selecting, for example, every fifth person, purposively, in order to reach a quota for a given characteristic.*	H.3.1 Not applicable (no sampling frame) H.3.2 Explicitly stated (please specify) H.3.3 Implicit (please specify) H.3.4 Not stated/unclear (please specify)
H.4 Planned sample size *If more than one group, please give details for each group separately.* *In intervention studies, the sample size will have a bearing on the statistical power, error rate and precision of estimate of the study.*	H.4.1 Not applicable (please specify) H.4.2 Explicitly stated (please specify) H.4.3 Not stated/unclear (please specify)
H.5 How representative was the achieved sample (as recruited at the start of the study) in relation to the aims of the sampling frame? *Please specify basis for your decision.*	H.5.1 Not applicable (eg study of policies, documents, etc) H.5.2 Not applicable (no sampling frame) H.5.3 High (please specify) H.5.4 Medium (please specify) H.5.5 Low (please specify) H.5.6 Unclear (please specify)
H.6 If the study involves studying samples prospectively over time, what proportion of the sample dropped out over the course of the study? *If the study involves more than one group, please give drop-out rates for each group separately. If necessary, refer to a page number in the report (eg for a useful table).*	H.6.1 Not applicable (eg study of policies, documents, etc) H.6.2 Not applicable (not following samples prospectively over time) H.6.3 Explicitly stated (please specify) H.6.4 Implicit (please specify) H.6.5 Not stated/unclear (please specify)

H.7 For studies that involve following samples prospectively over time, do the authors provide any information on whether, and/or how, those who dropped out of the study differ from those who remained in the study?	H.7.1 Not applicable (eg study of policies, documents, etc) H.7.2 Not applicable (not following samples prospectively over time) H.7.3 Not applicable (no drop-outs) H.7.4 Yes (please specify) H.7.5 No
H.8 If the study involves following samples prospectively over time, do authors provide baseline values of key variables, such as those being used as outcomes, and relevant socio-demographic variables?	H.8.1 Not applicable (eg study of policies, documents, etc) H.8.2 Not applicable (not following samples prospectively over time) H.8.3 Yes (please specify) H.8.4 No

Section I: Methods – recruitment and consent

I.1 Which methods are used to recruit people into the study? *eg letters of invitation, telephone contact, face-to-face contact.*	I.1.1 Not applicable (please specify) I.1.2 Explicitly stated (please specify) I.1.3 Implicit (please specify) I.1.4 Not stated/unclear (please specify) I.1.5 Please specify any other details relevant to recruitment and consent
I.2 Were any incentives provided to recruit people into the study?	I.2.1 Not applicable (please specify) I.2.2 Explicitly stated (please specify) I.2.3 Not stated/unclear (please specify)
I.3 Was consent sought? *Please comment on the quality of consent, if relevant.*	I.3.1 Not applicable (please specify) I.3.2 Participant consent sought I.3.3 Parental consent sought I.3.4 Other consent sought I.3.5 Consent not sought I.3.6 Not stated/unclear (please

	specify)

Section J: Methods – data collection

J.1 Which variables or concepts, if any, does the study aim to measure or examine?	J.1.1 Explicitly stated (please specify) J.1.2 Implicit (please specify) J.1.3 Not stated/unclear
J.2 Please describe the main types of data collected and specify if they were used to (a) to define the sample; or (b) to measure aspects of the sample as findings of the study? *Only detail if more specific than the previous question.*	J.2.1 Details
J.3 Which methods were used to collect the data? *Please indicate all that apply and give further detail where possible.*	J.3.1 One-to-one interview (face-to-face or by telephone) J.3.2 Observation J.3.3 Self-completion report or diary J.3.4 Clinical test J.3.5 Practical test J.3.6 Psychological test (eg IQ test) J.3.7 Hypothetical scenario including vignettes J.3.8 Secondary data such as publicly available statistics J.3.9 Other documentation J.3.10 Not stated/unclear (please specify) J.3.11 Please specify any other important features of data collection J.3.12 Coding is based on: authors' description J.3.13 Coding is based on: reviewers' interpretation
J.4 Details of data collection instruments or tool(s)	J.4.1 Explicitly stated (please specify)

Please provide details including names for all tools used to collect data, and examples of any questions/items given. Also, please state whether source is cited in the report.	J.4.2 Implicit (please specify) J.4.3 Not stated/unclear (please specify)
J.5 Who collected the data? *Please indicate all that apply and give further details where possible.*	J.5.1 Practitioner J.5.2 Researcher J.5.3 Service user J.5.4 Parents J.5.5 Other (please specify) J.5.6 Not stated/unclear J.5.7 Coding is based on: authors' description J.5.8 Coding is based on: reviewers' inference
J.6 Do the authors describe any ways they addressed the repeatability or reliability of their data collection tools/methods? *eg test-re-test methods.* *Where more than one tool was employed, please provide details for each.*	J.6.1 Details
J.7 Do the authors describe any ways they have addressed the validity or trustworthiness of their data collection tools/methods? *eg mention previous piloting or validation of tools, published version of tools, involvement of target population in development of tools.* *Where more than one tool was employed, please provide details for each.*	J.7.1 Details
J.8 Was there a concealment of which group that subjects were assigned to (ie, the intervention or control) or other key factors from those carrying out	J.8.1 Not applicable (please say why) J.8.2 Yes (please specify) J.8.3 No (please specify)

measurement of outcome – if relevant? *Not applicable – eg analysis of existing data, qualitative study.* *No – eg assessment of reading progress for dyslexic pupils done by teacher who provided intervention.* *Yes – eg researcher assessing pupil knowledge of drugs – unaware of whether pupil received the intervention or not.*	
J.9 Where were the data collected? *eg school, home*	J.9.1 Implicitly stated (write in as worded by the reviewer) J.9.2 Explicitly stated (write in as worded by the author) J.9.3 Not stated/unclear (please specify)

Section K: Methods – data analysis

K.1 What rationale do the authors give for the methods of analysis for the study? *eg for their methods of sampling, data collection or analysis.*	K.1.1 Details
K.2 Which methods were used to analyse the data? *Please give details (eg for in-depth interviews, how were the data handled?)* *Details of statistical analyses can be given next.*	K.2.1 Explicitly stated (please specify) K.2.2 Implicit (please specify) K.2.3 Not stated/unclear (please specify) K.2.4 Please specify any important analytic or statistical issues
K.3 Which statistical methods, if any, were used in the analysis?	K.3.1 Details
K.4 Did the study address multiplicity by reporting ancillary analyses, including sub-group analyses and adjusted analyses, and do the authors report on whether these were pre-	K.4.1 Yes (please specify) K.4.2 No (please specify) K.4.3 Not applicable

specified or exploratory?	
K.5 Do the authors describe strategies used in the analysis to control for bias from confounding variables?	K.5.1 Yes (please specify) K.5.2 No K.5.3 Not applicable
K.6 For evaluation studies that use prospective allocation, please specify the basis on which data analysis was carried out. *'Intention to intervene' means that data were analysed on the basis of the original number of participants, as recruited into the different groups.* *'Intervention received' means data were analysed on the basis of the number of participants actually receiving the intervention.*	K.6.1 Not applicable (not an evaluation study with prospective allocation) K.6.2 'Intention to intervene' K.6.3 'Intervention received' K.6.4 Not stated/unclear (please specify)
K.7 Do the authors describe any ways they have addressed the repeatability or reliability of data analysis? *eg using more than one researcher to analyse data, looking for negative cases.*	K.7.1 Details
K.8 Do the authors describe any ways that they have addressed the validity or trustworthiness of data analysis? *eg internal or external consistency, checking results with participants.* *Have any statistical assumptions necessary for analysis been met?*	K.8.1 Details
K.9 If the study uses qualitative methods, how well has diversity of perspective and content been explored?	K.9.1 Details
K.10 If the study uses qualitative methods, how well has the detail, depth and complexity (ie, the richness) of the data been conveyed?	K.10.1 Details
K.11 If the study uses qualitative	K.11.1 Details

methods, has analysis been conducted such that context is preserved? *In qualitative approaches interpretation of meaning is derived from the words and actions of the actors within particular context(s). We are therefore interested in whether the approach to analysis in any individual study sufficiently incorporates relevant variations contextual features.*	

Section L: Quality of study – reporting

L.1 Is the context of the study adequately described? *Consider your previous answers to these questions (see Section B):* *Why was this study done at this point in time, in those contexts and with those people or institutions? (B3)* *Was the study informed by, or linked to an existing body of empirical and/or theoretical research? (B4)* *Which groups were consulted in working out the aims to be addressed in this study? (B5)* *Do the authors report how the study was funded? (B6)* *When was the study carried out? (B7)*	L.1.1 Yes (please specify) L.1.2 No (please specify)
L.2 Are the aims of the study clearly reported? *Consider your previous answers to these questions (see module B):* *What are the broad aims of the study? (B1)* *What are the study research questions and/or hypothesis? (B8)*	L.2.1 Yes (please specify) L.2.2 No (please specify)

L.3 Is there an adequate description of the sample used in the study and how the sample was identified and recruited? *Consider your answer to all questions in sections D (actual sample), I (sampling strategy) and J (recruitment and consent).*	L.3.1 Yes (please specify) L.3.2 No (please specify)
L.4 Is there an adequate description of the methods used in the study to collect data? *Consider your answers to the following questions (see Section K):* *What methods were used to collect the data? (K3)* *Details of data collection instruments and tools (K4)* *Who collected the data? (K5)* *Where were the data collected? (K9)*	L.4.1 Yes (please specify) L.4.2 No (please specify)
L.5 Is there an adequate description of the methods of data analysis? *Consider your answers to previous questions (see module L)* *Which methods were used to analysis the data? (L2)* *What statistical method, if any, were used in the analysis? (L3)* *Did the study address multiplicity by reporting ancillary analyses (including sub-group analyses and adjusted analyses), and do the authors report on whether these were pre-specified or exploratory? (L4)* *Do the authors describe strategies used in the analysis to control for bias from confounding variables? (L5)*	L.5.1 Yes (please specify) L.5.2 No (please specify)

L.6 Is the study replicable from this report?	L.6.1 Yes (please specify) L.6.2 No (please specify)
L.7 Do the authors state where the full, original data are stored?	L.7.1 Yes (please specify) L.7.2 No (please specify)
L.8 Do the authors avoid selective reporting bias? *eg do they report on all variables they aimed to study, as specified in their aims/research questions?*	L.8.1 Yes (please specify) L.8.2 No (please specify)

Section M: Quality of the study – weight of evidence

M.1 Are there ethical concerns about the way the study was done? *Consider consent, funding, privacy, etc.*	M.1.1 Yes, some concerns (please specify) M.1.2 No (please specify)
M.2 Were users/relatives of users appropriately involved in the design or conduct of the study? *Consider your answer to the appropriate question in module B.1*	M.2.1 Yes, a lot (please specify) M.2.2 Yes, a little (please specify) M.2.3 No (please specify)
M.3 Is there sufficient justification for why the study was done the way it was? *Consider answers to questions B1, B2, B3, B4*	M.3.1 Yes (please specify) M.3.2 No (please specify)
M.4 Was the choice of research design appropriate for addressing the research question(s) posed?	M.4.1 yes, completely (please specify) M.4.2 No (please specify)
M.5 Have sufficient attempts been made to establish the repeatability or reliability of data collection methods or tools? *Consider your answers to previous questions:* *Do the authors describe any ways they have addressed the reliability or*	M.5.1 Yes, good (please specify) M.5.2 Yes, some attempt (please specify) M.5.3 No, none (please specify)

repeatability of their data collection tools and methods (K7)	
M.6 Have sufficient attempts been made to establish the validity or trustworthiness of data collection tools and methods? *Consider your answers to previous questions:* *Do the authors describe any ways they have addressed the validity or trustworthiness of their data collection tools/ methods (K6)*	M.6.1 Yes, good (please specify) M.6.2 Yes, some attempt (please specify) M.6.3 No, none (please specify)
M.7 Have sufficient attempts been made to establish the repeatability or reliability of data analysis? *Consider your answer to the previous question:* *Do the authors describe any ways they have addressed the repeatability or reliability of data analysis? (L7)*	M.7.1 Yes (please specify) M.7.2 No (please specify)
M.8 Have sufficient attempts been made to establish the validity or trustworthiness of data analysis? *Consider your answer to the previous question:* *Do the authors describe any ways they have addressed the validity or trustworthiness of data analysis? (L8, L9, L10, L11)*	M.8.1 Yes, good (please specify) M.8.2 Yes, some attempt (please specify) M.8.3 No, none (please specify)
M.9 To what extent are the research design and methods employed able to rule out any other sources of error/bias which would lead to alternative explanations for the findings of the study? *eg (1) In an evaluation, was the*	M.9.1 A lot (please specify) M.9.2 A little (please specify) M.9.3 Not at all (please specify)

process by which participants were allocated to, or otherwise received the factor being evaluated, concealed and not predictable in advance? If not, were sufficient substitute procedures employed with adequate rigour to rule out any alternative explanations of the findings that arise as a result? *eg (2) Was the attrition rate low and, if applicable, similar between different groups?*	
M.10 How generalisable are the study results?	M.10.1 Details
M.11 In light of the above, do the reviewers differ from the authors over the findings or conclusions of the study? *Please state what any difference is.*	M.11.1 Not applicable (no difference in conclusions) M.11.2 Yes (please specify)
M.12 Have sufficient attempts been made to justify the conclusions drawn from the findings, so that the conclusions are trustworthy?	M.12.1 Not applicable (results and conclusions inseparable) M.12.2 High trustworthiness M.12.3 Medium trustworthiness M.12.4 Low trustworthiness
M.13 Weight of evidence A: taking account of all quality assessment issues, can the study findings be trusted in answering the study question(s)? *In some studies it is difficult to distinguish between the findings of the study and the conclusions. In those cases, please code the trustworthiness of these combined results/conclusions.*	M.13.1 High trustworthiness M.13.2 Medium trustworthiness M.13.3 Low trustworthiness
M.14 Weight of evidence B: appropriateness of research design and analysis for addressing the question, or sub-questions, of this specific systematic review	M.14.1 High M.14.2 Medium M.14.3 Low

M.15 Weight of evidence C: relevance of particular focus of the study (including conceptual focus, context, sample and measures) for addressing the question, or sub-questions, of this specific systematic review	M.15.1 High M.15.2 Medium M.15.3 Low
M.16 Weight of evidence D: overall weight of evidence *Taking into account quality of execution, appropriateness of design and relevance of focus, what is the overall weight of evidence this study provides to answer the question of this specific systematic review?*	M.16.1 High M.16.2 Medium M.16.3 Low

Section N: This section provides a record of the review of the study

N.1 Sections completed *Please indicate sections completed.*	N.1.1 Section A: Administrative details N.1.2 Section B: Study aims and rationale N.1.3 Section C: Study policy or practice focus N.1.4 Section D: Actual sample N.1.5 Section E: Programme or intervention description N.1.6 Section F: Results and conclusions N.1.7 Section G: Methods – study method N.1.8 Section H: Methods – groups N.1.9 Section I: Methods – sampling strategy N.1.10 Section J: Methods – recruitment and consent N.1.11 Section K: Methods – data collection N.1.12 Section L: Methods – data analysis

	N.1.13 Section M: Quality of study – reporting N.1.14 Section N: WoE A: Quality of the study – methods and data N.1.15 Section N: WoE B: Appropriateness of research design for review question N.1.16 Section N: WoE C: Relevance of particular focus of the study to review question N.1.17 Section N: WoE D: Overall weight of evidence this study provides to answer this review question? N.1.18 Reviewing record
N.2 Please use this space here to give any general feedback about these data extraction guidelines	N.2.1 Details
N.3 Please use this space to give any feedback on how these guidelines apply to your Review Group's field of interest	N.3.1 Details

Review-specific data extraction questions

A.1 Is the service tailored to support the aims and aspirations of each individual service users?	A.1.1 Explicitly stated (please specify) A.1.2 Implicit (please specify) A.1.3 Not stated/unclear (specify)
A.2 Do practitioners work with mental health service users to recognise and build on any strengths?	A.2.1 Explicitly stated (please specify) A.2.2 Implicit (please specify)

	A.2.3 Not stated / unclear (specify)
A.3 Does the support provided by the service link with other aspects of a person's life (eg health, interests, spirituality, culture, family, housing, finances)?	A.3.1 Explicitly stated (please specify) A.3.2 Implicit (please specify) A.3.3 Not stated/unclear (specify)
A.4 Does the service support people when they experience setbacks in their mental health?	A.4.1 Explicitly stated (please specify) A.4.2 Implicit (please specify) A.4.3 Not stated/unclear (specify)
A.5 Does the service enable mental health service users to provide support to one another?	A.5.1 Explicitly stated (please specify) A.5.2 Implicit (please specify) A.5.3 Not stated/unclear (specify)
A.6 Do practitioners work with mental health service users to develop and maintain constructive working relationships based on mutual respect?	A.6.1 Explicitly stated (please specify) A.6.2 Implicit (please specify) A.6.3 Not stated / unclear (specify)
A.7 Does the service encourage service users to take responsibility for their actions and progress?	A.7.1 Explicitly stated (please specify) A.7.2 Implicit (please specify) A.7.3 Not stated/unclear (specify)

A.8 Does the service give people the message that they can achieve their goals?	A.8.1 Explicitly stated (please specify) A.8.2 Implicit (please specify) A.8.3 Not stated/unclear (specify)
A.9 Does the service link in with other mainstream services and activities in the community?	A.9.1 Explicitly stated (please specify) A.9.2 Implicit (please specify) A.9.3 Not stated/unclear (specify)

Appendix D: Details of the systematic reviews excluded from the research review

Crowther, R., Marshall, M., Bond, G. and Huxley, P. (2001)[30 or 50?] carried out a review to assess the outcomes of 'vocational rehabilitation for people with severe mental illness'. They aimed to assess the effectiveness of pre-vocational training and supported employment programmes for people with mental illness as compared to each other and in comparison to standard care. The systematic review had an explicit search strategy as well as clear selection criteria. Eighteen studies were selected and data was extracted from them. A weighted mean effect size was calculated.

The results showed that supported employment was significantly more effective than pre-vocational training on measures of employment. No evidence was found to suggest that pre-vocational training was more effective than standard care on outcomes related to employment. No significant differences were found for clinical outcomes. The authors concluded that supported employment is more effective than pre-vocational training in helping clients gain employment. However, there was no clear evidence on the effectiveness of pre-vocational training.

Kirsh, B., Cockburn, L. and Gewurtz, R. (2005)[31] carried out a review to assess the 'best practice in occupational therapy: programme characteristics that influence vocational outcomes for people with serious mental illnesses'. They aimed to provide information on the characteristics that lead to outcomes in the field of vocational rehabilitation for people with mental illness. The systematic review had an explicit search strategy as well as clear selection criteria. The study also included other systematic reviews and meta-analysis. Thirty-nine studies were selected and data was extracted from them. A narrative synthesis of the studies was carried out.

The results show that 12 characteristics that influence vocational outcomes were identified. These related to the delivery of services, nature of services and the work environment. The authors concluded that the findings of the study could be applied across different models and settings of occupational therapy.

Twamley, E. W., Jeste, D.V. and Lehman, A.F. (2003)[33] carried out a review and a meta-analysis of 'vocational rehabilitation in schizophrenia and other psychotic disorders'. They aimed to assess the effectiveness of work rehabilitation for individuals with schizophrenia. The systematic review had an explicit search strategy as well as clear selection criteria. Eleven studies were selected and data was extracted from them. A weighted mean effect size was calculated.

The results showed that outcomes favoured the individual placement and support (IPS) or supported employment interventions. However, the authors also note that nearly half of the participants in the experimental group did not gain employment at any time during the study. The authors conclude that further research is needed to address the questions raised in their study about client factors as predictors of outcomes.

Moll, S., Huff, J. and Detwiler, L. (2003)[32] carried out a review to assess 'supported employment: evidence for best practice model in psychosocial rehabilitation'. They aimed to critically examine existing research on the IPS model of the supported employment programme. The systematic review had an explicit search strategy as well as clear selection criteria. The study excluded other systematic reviews and meta-analysis. Seven studies were selected and data was extracted from them. A narrative synthesis of the studies was carried out.
Results showed that IPS was significantly effective in achieving employment-related outcomes. However, the authors note that there continue to be participants that do not gain employment for the duration of the study. IPS showed no significant changes in non-vocational outcomes. The authors concluded that client-related factors, and support at the workplace, determine involvement in employment.

Appendix E: Details of outcome evaluation studies in the research review

High weight of evidence

Drake, R., McHugo, G., Becker, D., Anthony, A. and Clark, R. (1996),[11] in their study on 'the New Hampshire study of supported employment for people with severe mental illness', aimed to compare supported employment services in two contrasting programmes: group skills training (GST) and the individual placement and support (IPS) model, and measure the impact they have on vocational and non-vocational outcomes. The sample consisted of 140, majority white participants. The GST offers individualised intake, pre-employment training in a group format, IPS on the job, liaison with mental health providers and follow-along supports. IPS used a team approach to integrate mental health and vocational services. Employment specialists were hired by mental health centres and attached directly to clinical teams to ensure coordinated services. Rather than providing pre-employment assessment and training in job-related activities, IPS employment specialists began helping service users to find jobs immediately and, after securing employment, provided training and follow-along supports as needed.

The study was a two-site, controlled, clinical trial with random assignment to GST or IPS. The tools used to measure outcomes were: the Employment and Income Review (Centre for Psychiatric Rehabilitation, 1989), the Global Assessment Scale (GAS; Endicott et al, 1976), the expanded Brief Psychiatric Rating Scale (BPRS; Lukoff et al, 1986), the Rosenberg Self-esteem Scale (Rosenberg, 1969) and the Quality of Life Interview (QOLI; Lehman, 1983). The results indicated IPS service users were approximately twice as likely to obtain a competitive job during the study. The full sample (both groups combined) showed significant improvements in overall engagement. The authors concluded that the main finding of this study was that the IPS programme was more successful at helping people with severe mental disorders (SMD) to obtain competitive employment. There was no evidence in this study that programme differences produced outcome differences in domains of engagement other than employment.

The study was rated *high* in its overall weight of evidence (WoE). It was rated high on quality assessment issues and its trustworthiness in answering the study question. It was rated high on its appropriateness of research design and analysis for addressing the review question for this systematic review. It also rated high on the focus of the study for addressing the review question for this systematic review.

Drake, R., McHugo, G., Bebout, R., Becker, D., Harris, M., Bond, G. and Quimby, E. (1999),[10] in their study on 'a randomised clinical trial of supported employment for inner-city patients with severe mental disorders', aimed to evaluate the effectiveness of two approaches: IPS and enhanced vocational rehabilitation (EVR) to vocational services for people with severe mental health. The sample was majority African-American with a total of 152 (in Drake) (IPS = 76, EVR = 76) and a total of 149 (in Bond). The IPS programme integrates

mental health and vocational services by having an employment specialist join multi-disciplinary case management teams. Rather than providing pre-employment assessment and training in sheltered workshops. IPS employment specialists assist service users in searching for jobs rapidly and, after securing employment, provide individualised, full-along supports. EVR consisted of vocational rehabilitation services provided by several well-established agencies recommended by the District Colombia Rehabilitation Services Administration. The EVR condition was considered enhanced because an extra vocational counsellor was placed in the rehabilitation services administration office to ensure that participants assigned to this condition were referred to appropriate rehabilitation agencies expeditiously.

The study compared the two groups and used a pre- and post-test design. QOLIs (Lehman, 1983) were used to assess overall life satisfaction, satisfaction with finances, leisure, vocational services and financial support. Psychiatric symptoms were measured with the expanded (24-item) BPRS (Lukoff et al, 1986). Results indicate that competitive employment outcomes and programme satisfaction consistently favoured IP. Both groups improved over time on overall engagement, general quality of life and self-esteem. The authors concluded that IPS is more successful than EVR in helping multiply-impaired, inner-city patients with SMD to obtain competitive employment. They also found that service users who worked in competitive employment for an extended period of time showed a greater rate of improvement in several non-vocational outcomes.

The study was rated *high* in its overall WoE. It was rated high on quality assessment issues and its trustworthiness in answering the study question. It was rated high on its appropriateness of research design and analysis for addressing the review question for this systematic review. It also rated high on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.

Latimer, E. (2006),[19] in his study on 'generalisability of the individual placement and support model of supported employment: results of a Canadian randomised controlled trial', aimed to determine the effectiveness of the IPS model in a Canadian setting. The sample was majority white and consisted of 150 participants in total (intervention group *n*=75; control group *n*=75). The intervention: IPS employment specialists began helping service users to find jobs immediately and, after securing employment, provided training and follow-along supports as needed.

There was a random controlled trial where participants were randomly assigned to receive either supported employment or traditional vocational services. The tools used involved rating scales to assess quality of life (Wisconsin Quality of Life Scale, Canadian version); social network (Social Provision Scale); self-esteem (Self-esteem Rating Scale) and psychiatric status (Structured Clinical Interview and Psychiatric Rating Scale). Overall functioning of participants was evaluated through interviews with clinicians using the Global Assessment of Functioning Scale, the Multinomah Community Ability Scale, the Alcohol Use Scale and Drug Use Scale.

Results indicate that over the 12 months of follow-up, 47% of participants in the intervention group obtained at least some competitive employment. No differences emerged between the groups on any non-vocational measures examined. The author concludes that supported employment proved more effective than traditional vocational services in a setting significantly different from settings in the US, and may therefore be generalised to settings in other countries.

The study was rated *high* in its overall WoE. It was rated high on quality assessment issues and its trustworthiness in answering the study question. It was rated high on its appropriateness of research design and analysis for addressing the review question for this systematic review. It also rated high on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.

McGrew, J.H., Johannesen, J.K., Griss, M.E., Born, D.L. and Katuin, C. (2005),[21] in their study on 'performance-based funding of supported employment: a multi-site controlled trial', aimed to determine the impact on service delivery and outcomes of instituting results-based funding (RBF) for supported employment services for people with severe mental illness in Indiana. The sample consisted of a majority of Caucasians and there were a total of 122 consumers – 81 in RBF and 41 in the control group (fee-for service, FFS). The intervention was called performance-based contracting or RBF, which is an alternative method of payment for vocational services. The control was the traditional FFS model, which pays for each contact with a service user regardless of whether services lead to a success; performance-based contracting pays only for the successful achievement of predetermined outcomes or milestones.

The study had a mixed design. It was a randomised controlled trial at one large site and a matched between-sites design at four sites. Measurement was done through interviews and some tools and measures that were used included: global assessment of functioning, life outcomes, quality of life and hopefulness. The results indicated that those who served in RBF were more likely to attain all milestones collectively, and to have a completed person-centred plan and attain nine months of employment, specifically. There were few differences between those in RBF and FFS on on-milestone employment variables (eg job match, wages) or clinical measures (eg quality of life, functioning). No differences were observed between conditions when comparing quality of life total scores at any assessment period. The authors concluded that RBF produces better overall vocational outcomes, specifically, higher rates of completion of a person-centred plan and retention of employment for nine months. However, improvements with RBF were limited to those specified and did not generalise to vocational areas not targeted by the milestones.

The study was rated *high* in its overall WoE. It was rated high on quality assessment issues and its trustworthiness in answering the study question. It was rated high on its appropriateness of research design and analysis for addressing the review question for this systematic review. It also rated high on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.

Mowbray, C., Collins, M. and Bybee, D. (1999),[22] in their study on 'supported education for individuals with psychiatric disabilities: long-term outcomes from an experimental study', aimed at testing the effectiveness of three different models of supported education: classroom condition, group support condition and individual condition. The sample included 397 participants, a majority of which were African American. The three interventions were: (1) classroom condition, where participants received an academic support curriculum adapted from that developed at Boston University (Unger et al, 1987). Two instructors implemented the curriculum, which covered social and academic skills, in a classroom format, using small group exercises and experiential learning. (2) Group support condition was where consumer-driven activities took place in an environment that was supportive to learning, exploration and decision making. Activities included: needs assessment, prioritised agenda (curriculum) to meet needs, group work to use school and community resources and ongoing evaluation of the groups' success in meeting learning goals. (3) Individual group condition – there was no structure or schedules interviews. Students were given a number for a member of staff and instructed to contact them when they desired help. If they wanted to they could receive the same vocational rehabilitation services as the other groups.

The study was a quasi-controlled trial of three interventions. The tools used included face-to-face or telephone interviews and measurement tools included Rosenburg's Self-esteem Scale (1979); Pearlin and Schooler's Empowerment Scale (1978), Lehman's QOLI (1991); Weissman and Bothwell's Social Adjustment Scale (SAS-SR, 1976) and Symptom Checklist-10 (SCL-100), 10 items from the Brief Symptom Inventory (Derogatis and Melisaratos, 1983). There was also a 10-point school efficacy tool developed for this intervention. The results indicated that at 12 months 262 were enrolled in college or vocational training. The authors conclude that the results document the promise of SEd intervention as an innovative model for community-based rehabilitation. SEd meets needs for individuals with the stigmatised label of 'mentally ill' to succeed in a normalised adult role and to occupy the position of 'student' in contrast to the devalued role of 'patient'.

The study was rated *high* in its overall WoE. It was rated high on quality assessment issues and its trustworthiness in answering the study question. It was rated high on its appropriateness of research design and analysis for addressing the review question for this systematic review. It also rated high on the focus of the study for addressing the review question for this systematic review.

Mowbray, C., Bybee, D. and Collins, M. (2000),[23] in their study on 'integrating vocational services on case management teams: outcomes from a research demonstration project', aimed to determine the effectiveness of the WINS vocational service enhancement – how effective WINS is in improving employment among a population with psychiatric illness. The total participants were 403, of these immediate WINS exposure *n*=141, delayed WINS exposure *n*=138, no WINS exposure *n*=124. A majority were white. The intervention: WINS operations was the service provided by the individual vocation specialists 'who

provided direct services to a rotating case-load of the case-management teams. Direct services included: vocational planning assessment, job preparation and job choice, job acquisition, job maintenance, job development and job placement efforts. Indirect services to their assigned teams provided by the vocation specialist included: 'attending team meetings, providing case consultation to team managers, sharing information about job opportunities/vocational training/employment rights of people with disabilities etc with the managers'.
The study was a quasi-experimental trial with mental health teams non-randomly allocated to one of three groups: immediate intervention, delayed intervention and no intervention. The data was collected through interviews. The tools used for measurement included the Work Behaviour was measured with Adapted Work Behaviour and Attitudes Scale (Griffith, 1973); symptoms assessed through the Symptom Checklist-10 (SCL-10) (Derogatis and Melisaratos, 1983); community functioning measured using an Adapted Areas of Difficulty Checklist (Bond et al, 1983); self-perception measures included Pearlin Self-Mastery (Pearlin and Schooler, 1978), Purpose in Life Scale (Reker and cousins, 1979) and subscales and items from Lehman's Quality of Life Scale (Lehman, 1988, 1991). The results indicated that the immediate intervention group was slightly more likely to be in paid work at 18 months than the control group. A significant time effect was found for the outcomes on quality of life, symptoms, self-esteem and community functioning etc; however, there were no significant interactions of condition (ie, intervention versus control) or service amount with time. The authors concluded that on most employment outcomes the delayed WINS intervention group had 'somewhat better outcomes' than either the immediate WINS intervention group or the control group.
The study was rated *high* in its overall WoE. It was rated high on quality assessment issues and its trustworthiness in answering the study question. It was rated high on its appropriateness of research design and analysis for addressing the review question for this systematic review. It also rated high on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.
Mueser, K., Clark, E., Haines, M., Drake, R. and McHugo, G. (2004),[24] in their study on 'the Hartford Study of Supported Employment for Persons with Severe Mental Illness', aimed to evaluate and compare three approaches to vocational rehabilitation for severe mental illness: the IPS model of supported employment, the psychosocial rehabilitation (PSR) programme, standard services and measure vocational and non-vocational outcomes. The sample consisted of a total of 204 service users and a majority was African American. The interventions were: supported employment which helps service users get competitive work in integrated settings with non-disabled workers in the community, and provides ongoing support to help them succeed on the job or transition to another job; IPS (Becker and Drake, 1993) where employment specialists serve on service users' treatment teams alongside other members of the team, including case managers and psychiatrists, in order to integrate vocational services with psychiatric treatment; and PSR where service users participated in a series of preparatory training activities (with training focused on clerical and janitorial skills), followed

by transitional employment jobs, followed by help obtaining competitive work. In addition, the PSR programme offered a drop-in centre, skills training and support groups, recreational outings and residential services.
The study randomly assigned service users to one of three vocational programmes: IPS, PSR or standard services. Comprehensive employment data were collected for two years, and interviews were conducted at baseline and every six months for two years thereafter. Measurement was done through various instruments: one-to-one interview (face-to-face or by telephone), self-completion report, psychological tests, medical records etc. For diagnostic and background information SCID (First et al, 1996) and medical records were used, employment outcomes were measured through direct interviews with service users or through logs completed by vocational programme staff or case managers collected information on work outcomes, type and characteristics of each job, hours worked, wages earned, and tenure, psychiatric symptoms, overall functioning, social functioning and social networks, quality of life and self-esteem were assessed with interviews. Symptoms were assessed over the past month with the PANSS (Kay et al, 1987). Overall functioning was rated at the end of each interview with the GAS. Social and leisure functioning were assessed with the Social–Leisure Subscale and global rating from the Social Adjustment Scale – II (Schooler et al, 1979).
The results indicated that for measures of all paid employment, post hoc analyses indicated that IPS had better outcomes than PSR, whereas IPS sometimes had significantly better outcomes than standard services, which sometimes had significantly better outcomes than PSR. In non-vocational outcomes, only two effects were significant: the time effects for GAS and the PANSS cognitive factor. The authors concluded that the results add to the growing support for the IPS model of supported employment, and include a new, previously unstudied group of service users with severe mental illness: Latinos.
The study was rated *high* in its overall WoE. It was rated high on quality assessment issues and its trustworthiness in answering the study question. It was also rated high on its appropriateness of research design and analysis for addressing the review question for this systematic review. It rated medium on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.
Ratzlaff, S., McDiarmid, D., Marty, D. and Rapp, C. (2006),[25] in their study on 'the Kansas consumer as provider program: measuring the effects of a supported employment education initiative', aimed to study the changes in perceptions of subjective well-being of students participating in the Consumer as Provider (CAP) training programme. The sample consisted of 84 participants and a majority were Caucasians. The intervention: 'the Kansas CAP programme is a 15-week programme that combines classroom learning and internship activities. Students attend class twice a week for two hours each session over a 12-week period. Students complete 104 hours of internship activity over an eight-week period'.
The study design involved a pre- and post-test in one group. At the time of post-test a retrospective pre-test report was taken again. The tools for measurement were: Snyder State Hope Scale, Rosenberg Self-esteem Scale and the Ridgway

Recovery Enhancing Environment Measure. The results of this study suggest that student's self-perception of their level of hope and self-esteem changed during their participation in the CAP programme. For both of these measures, involvement with the CAP programme appears to have significantly increased participants' hope and self-esteem. The authors concluded that CAP contributed to an increase in participants' self-perception of self-esteem and hope, and an increase in perception of recovery when using the retrospective measures.
The study was rated *high* in its overall WoE. It was rated high on quality assessment issues and its trustworthiness in answering the study question. It was rated high on its appropriateness of research design and analysis for addressing the review question for this systematic review. It also rated high on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.
Rogers, S., William, A., Anthon, A.L. and Walter, P. (2006),[26] in their study: 'a randomised clinical trial of vocational rehabilitation for people with psychiatric disabilities', aimed to examine the differential effectiveness of two types of vocational interventions: the choose-get-keep (CGK) approach and state vocational rehabilitation. The sample consisted of 135 participants, a majority of which were Caucasians. The intervention was the CGK approach – also called PVR (psychiatric vocational rehabilitation). The control group – ESVR (enhanced state vocational rehabilitation). In the intervention group the main activities were: diagnosing and assessing rehabilitation readiness, planning for skills development and intervening or direct skills teaching.
The study recruited participants in waves and randomly assigned them to one of the two conditions. The tools used included the BPRS (Overall and Gorham, 1988), the Lehman QOLI (Lehman, 1988), and the Rosenberg Self-esteem Scale (Rosenberg, 1965). SCID was administered at baseline only to obtain an accurate psychiatric diagnosis; the Change Assessment Scale (CAS; McConnaughy et al, 1983) was administered at baseline and again at 24 months. The Interpersonal Support Evaluation List (ISEL; Cohen et al, 1985) was considered a control variable and was administered only at baseline. The results indicated that the experimental group did not perform significantly better when examining competitive status alone, when considering supported, transitional or competitive employment status together, or when productive activities and educational and competitive employment were considered together. The authors concluded that although both groups improved significantly over time in their vocational and education outcomes, no differences were found between the two interventions on any outcomes.
The study was rated *high* in its overall WoE. It was rated high on quality assessment issues and its trustworthiness in answering the study question. It was rated high on its appropriateness of research design and analysis for addressing the review question for this systematic review. It also rated high on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.
SESAMI (2006),[28] in their study on 'social inclusion through employment support for adults with mental illness', aimed to advance knowledge about employment

support by evaluating the approaches being taken in the UK, in the light of what we know about what helps people with mental health problems to get jobs. The sample consisted of 212 participants at Time 1 and 182 at Time 2; a majority were white British. The intervention was delivered by different agencies through which participants were recruited. 'Agency A differs from the other partner agencies in that it operates within the mental health sector. Agencies B, C and D operate within the voluntary sector, by far the most common location for UK vocational services. Agency E is a pan-disability organisation with contracts to implement two government programmes, Workstep and New Deal for Disabled People (NDDP), while Agency F is an arm of the Department for Work and Pensions (DWP) that contracts out the Workstep programme under a range of brokerage arrangements.'

The study used a combination of qualitative and quantitative approaches designed for use in the different strands of the study. For the strand involving identifying factors and predictors for moving into work, a set of measures were administered to people receiving support at Baseline (Time 1) and one year later (Time 2). A subset of those participated in depth interviews. The tools used were: self-esteem–self-efficacy factor from the Empowerment among Users of Mental Health Services Scale (Sciarappa et al, 1994), Herth Hope Index (Herth, 1989, revised 1999), Minnesota [job] Satisfaction Questionnaire â€“ MSQ (short form, Weiss et al, 1967), behaviours indicating nearness to the labour market, perceived obstacles to work selected items from the Carers and Users Expectation of Services questionnaire (CUES user version; Lelliot et al, 2001).

The results indicated that fidelity to the IPS approach did not affect whether people moved into work. Participants' satisfaction with the employment support they received decreased over the 12 months and the decrease was significantly greater among service users of the agency that was not implementing IPS. The authors conclude that the IPS approach can enable people with severe mental health problems to achieve their potential, but the quality of the support provided is as important as its organisational features.

The study was rated *high* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was rated high on its appropriateness of research design and analysis for addressing the review question for this systematic review. It also rated high on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.

Medium weight of evidence

Accordino, M. and Herbert, J. (2000),[1] in their study on the 'treatment outcome of four rehabilitation interventions for persons with serious mental illness', investigate the impact of participating in one of four rehabilitation interventions (clubhouse model programme, consumer self-help, social skills training and vocational skills training) for people with serious and persistent mental illness. The sample consisted of people with serious mental illness who were already enrolled in the clubhouse programmes (*n*=26), self-help programme (*n*=15), social-skills training (*n*=78), or vocational-skills training (*n*=28). The four treatment programmes were part of services provided by a community mental

health agency located in Western Pennsylvania, USA. The clubhouse programme provided one-on-one tutoring by respective members to improve vocational and social skills. The self-help programme provided support in daily coping skills, academic training and recreational activities. The social-skills programme addressed interpersonal communication, social awareness, coping with mental illness, stress management and personal hygiene issues. The vocational-skills programme provided prevocational-skills training and supported employment. A cross-sectional design was used which compared the four groups. The Psychosocial Rehabilitation Outcomes Toolkit, a 20-item experimental scale developed by the International Association of Psychosocial Rehabilitation Services (IAPSRS, 1995), was used to measure Empowerment, Mastery, Program Satisfaction, Quality of Life. Analyses of covariance (ANCOVA) revealed no statistically significant differences across the four programmes on levels of empowerment, Mastery, Program Satisfaction and Quality of Life. The authors concluded that despite the lack of statistical significance across treatment outcomes, it is important to recognise that consumers in all four programmes reported positive outcomes.

The study was rated *medium* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was also rated medium on its appropriateness of research design and analysis for addressing the review question for this systematic review. It rated high on the focus of the study for addressing the review question for this systematic review.

Bailey, E., Ricketts, S., Becker, D., Xie, H. and Drake, R. (1998),[2] in their study, 'do long-term day treatment clients benefit from supported employment?', aim to examine the experiences of very long-term day treatment service users who were switched to supported employment. The sample consisted of a majority of white participants, with 32 in the intervention group – IPS and 31 in the control group – community support programme (CSP). IPS provided rapid job searches, continuous assessment, integration of clinical and vocational services, job matching based on consumer choice and follow-along support to its service users.

The study carried out a matched comparison and a before and after study of participants already enrolled in these treatment programs. The Employment and Income Review, the Expanded Brief Rating Scale, Rosenberg Self-esteem Scale and QOLIs were used to measure outcomes. Results indicated that the IPS participants steadily increased their rate of competitive employment. The non-vocational outcomes for the IPS group were stable. The authors concluded that the current study specifically shows that even service users who have been in day treatment programmes for many years can succeed in competitive employment with appropriate supports.

The study was rated *medium* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was also rated medium on its appropriateness of research design and analysis for addressing the review question for this systematic review. It rated high on the focus of the study for addressing the review question for this systematic review.

Becker, D., Bond, G., McCarthy, D., Thompson, D., Xie, H., McHugo, G. and Drake, R. (2001),[3] in their study on 'converting day treatment centres to supported employment programs in Rhode Island', aimed to compare vocational and non-vocational outcomes of service users of two community mental health centres that underwent conversion from day treatment programmes to supported employment programmes with outcomes of service users of a centre that delayed conversion until after the study was completed. Their sample consisted of a total of 127 service users, of which a majority were white. These were spread over three groups where intervention groups A and B were a standardised approach to supported employment called IPS where employment specialists join existing clinical teams to help interested service users find competitive jobs that match their interests and to coordinate long-term job support services offered by the team for service users who are working. The control group C was a day treatment programme that ran three days a week and the vocational assistance included supported employment as well as help in obtaining volunteer and sheltered workshop jobs.

The study was a cluster non-randomised trial measuring vocational and non-vocational outcomes before and after intervention. It used the Employment and Income Review to assess work history, entitlements and finances, the GAS to rate participants' overall functional status, the expanded BPRS to assess symptoms, the Rosenberg Self-esteem Scale to assess self-esteem, the QOLI assessed the number of and satisfaction with social contacts, in person or by telephone, and satisfaction with social relationships. The results show that the overall employment rates were higher in intervention groups A (44.2%) and B (56.7%) than control group C (19.5%) (p 354). Most of the tests of non-vocational outcomes were not statistically significant. The authors conclude that the study provides evidence that day treatment programmes in mental health settings can be converted to supported employment programmes, providing strong benefits and carrying little risk.

The study was rated *medium* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was also rated medium on both, its appropriateness of research design and analysis for addressing the review question for this systematic review as well as on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.

Browne, S. (1999),[6] in a study of 'rehabilitation programmes and quality of life in severe mental illness', aimed to report quality of life and the benefits of supported employment evaluation. The sample consisted of a total of 44 participants. There were 25 in supported employment and 19 in the rehabilitation group. The intervention was a supported employment programme that provided vocational rehabilitation for individuals who are unable to obtain open employment.

The study was a cross-sectional naturalistic study that compared the two groups at post-test. The tool used for collecting data was the Lancaster Quality of Life Profile (LQOLP) (Oliver and Mohamad, 1992). The results show that there was no significant difference between the groups in terms of gross weekly income. Participants in the supportive employment group reported greater global well-

being and satisfaction with their employment status, finance and social relations. There were no significant group difference in terms of satisfaction with leisure, living situation, legal and safety, family relations, religion and health. The author concluded that the study supports previous findings regarding the benefits of vocational and educational interventions.
The study was rated *medium* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was also rated medium on both, its appropriateness of research design and analysis for addressing the review question for this systematic review as well as on the focus of the study for addressing the review question for this systematic review.
Chandler, D., Hu, T., Miesel, J., McGowen, M. and Madison, K. (1996),[7] in their study on 'client outcomes in a three-year controlled study of an integrated service agency (ISA) model', aimed to evaluate whether two California integrated service agency demonstration programmes that combined structural and programme reforms produced improved outcomes for a cross-section of service users with severe and persistent mental illness. The majority of the sample was white and consisted of 102 service users in the intervention and 108 in the comparison group of the Longbeach service agency and 115 in the intervention and 114 in the comparison at the Stanislaus County. The ISA model used interdisciplinary teams similar to those used in the Programme for Assertive Community Treatment (PACT). Like newer PACT models, it integrated services provided by the team with the services of programme specialists in employment, substance abuse and socialisation. Staff of the Long Beach programme were from the psychosocial rehabilitation tradition and offered an in-house transitional employment programme. Staff of the programme in Stanislaus County did not have a rehabilitation background.
The study was a cross-sectional randomised control trial of a two-model ISA programme. Tools used included Lehman's QOLI, the New York Self-esteem Scale, the Colorado Symptom Index and two scales pertaining to social activities were adapted from the Robert Wood Johnson Survey Instrument. Data about use of mental and physical health services were collected from the billing systems of the county, the state, Medicaid and the Department of Veterans Affairs. The California Employment Development Department supplied employment data, and the California Department of Justice provided criminal justice data. Results showed that there was a significant increase in employment among the intervention group as compared to the comparison group. No significant differences between the demonstration and comparison groups were found for self-reported ratings of self-esteem, symptoms, medication compliance, homelessness and criminal victimisation. The authors concluded that ISA achievement outcomes for service users in the ISA demonstration programmes were better than those for service users in model programmes that have included only structural or financing change.
The study was rated *medium* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was rated high on its appropriateness of research design and analysis for

addressing the review question for this systematic review. It also rated medium on the focus of the study for addressing the review question for this systematic review.

Danley, K., Rogers, E., MacDonald-Wilson, K. and Anthony, W. (1994),[8] in their study on 'supported employment for adults with psychiatric disability: results of an innovative demonstration project', aimed to assess the outcomes of a supported employment programme for adults with psychiatric disability. The sample was majority white and consisted of nineteen 18- to 45-year-olds, who had experienced a severe disability due to mental illness. The intervention was a supported employment programme called CGK. It involved three sets of programme activities: choosing or pre-employment activities, getting or placement and keeping or training/follow-up.

The design on the study involved one group where a pre- and a post-test was conducted. The tools used for data collection included the Minnesota satisfaction questionnaire, structured questions on work integration, BPRS, and a self-report questionnaire about the satisfaction with supported employment. The results indicated that for vocational outcomes the earning and number of participants increased dramatically; job satisfaction: lower levels of job satisfaction due to being employed in jobs requiring less skills; work site integration: out of one that was employed, seven were working in highly integrated job settings and two in moderate; symptoms and social support: participants reported no change in symptoms, satisfaction with social support or frequency of social contact. However, there was a dramatic decrease in hospitalisations experienced by the patients, and on project satisfaction: a majority stated they were very satisfied. Two were somewhat satisfied and one was not satisfied. The authors concluded that the programme seemed to have a satisfactory effect on employment status and no effect on symptoms or social support. Job satisfaction was somewhat low but satisfaction with the intervention was high. It was concluded from this study that the university is an appropriate setting for providing supported employment but it is not a good employer for people with psychiatric disability.

The study was rated *medium* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was also rated medium on its appropriateness of research design and analysis for addressing the review question for this systematic review. It rated low on the focus of the study for addressing the review question for this systematic review.

Ellison, M., Danley, K., Bromberg, L. and Palmer-Erbs, V. (1999),[12] in their study on 'longitudinal outcome of young adults who participated in a psychiatric vocational rehabilitation program', aimed to provide five-year follow-up data for a group of young adults who participated in a vocationally orientated rehabilitation programme conducted by the Centre for Psychiatric Rehabilitation. The sample consisted of a total of 36 participants, a majority of which were white. The intervention was called the Career Educational Programme (CEP). The intervention was a didactic application of the PVR approach (Anthony et al, 1988). A curriculum was developed to teach the skills needed to choose, develop and implement a career plan. This intervention combined small group instruction

in career development accompanied with individualised, supportive psychiatric rehabilitation counselling sessions.
This was a follow-up study. The tools used were one-to-one interview (face-to-face or by telephone), self-completion report or diary and psychological test (eg IQ test, Rosenberg's Self-esteem Scale). A significant difference was also found in employment between the first and the end point assessment. Significant changes in education status were also found and a significant increase in self-esteem was noted. The authors concluded that comparison before the intervention with other samples of people with severe mental illness indicated that continuing education students appeared more functional on some dimensions, such as education level and recent employment history and less functional on others, such as marital status.
The study was rated *medium* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was rated medium on its appropriateness of research design and analysis for addressing the review question for this systematic review. It also rated medium on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.
Hagner, D., Cheney, D. and Malloy, J. (1999),[15] in their study on 'career-related outcomes of a model transition demonstration for young adults with emotional disturbance', aimed to evaluate the vocational and non-vocational impacts of a model demonstration project for young people with emotional disturbance or chronic mental illness. The sample consisted of 18 participants who received the intervention for two or more years. The intervention was called Project RENEW (Rehabilitation, Empowerment, Natural Supports, Education and Work) and it uses 'personal futures planning', 'flexible educational programming', 'employment support', 'interagency collaboration', 'mentoring', 'social skill building' and 'flexible funds' in its programme.
The design of the study involved one group on which a pre- and a post-test were conducted. For data collection self-completion reports or diaries were used. A questionnaire was used to measure satisfaction. The results indicated that 11 out of 18 were employed at the end of two years versus two who were employed at the beginning of participation. There was a statistically significant increase (p<0.05) in the number of participants who were satisfied or very satisfied (between baseline and 24 months) in area of school, job, progress towards personal goals and handling of problems. There was a non-statistically significant (p<0.5) increase in satisfaction with physical health and a decrease in satisfaction with living situation. The authors concluded that RENEW highlights the value of the seven components which were used in the programme (and which were identified from literature as being useful).
The study was rated *medium* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was also rated medium on its appropriateness of research design and analysis for addressing the review question for this systematic review. It rated medium on the focus of the study for addressing the review question for this systematic review.

Isenwater, W., Lanham, W. and Thornhill, H. (2002),[18] in their study on 'the College Link Program: evaluation of a supported education initiative in Great Britain', aimed at evaluating the effectiveness of the College Link Program as a supported education initiative. The sample consisted of mostly white-British participants with 16 at the six-month study and 19 in a follow-up study. The intervention: the College Link Program involved a linkworker (a psychology graduate working under the supervision of an experienced clinical psychologist) who manages referrals, monitors the student's mental health while on the course, manages the waiting list and offers psychological support on campus. The linkworker regularly attends classes with the students and can offer support and advice to staff and students alike when difficult issues arise.
The study design involved a test at six months through the intervention and a follow-up after the intervention. The tools involved the use of a semi-structured interview and a questionnaire developed for this study and hospital data was also consulted. The results showed that there was a trend towards positive change and improvement in self-esteem. More than half of the sample cited knowledge, computer skills and concentration as skills that they had also gained and retained. The authors concluded that the evaluation of the College Link Program suggests that most students who remain on the course for over six months find the course improves their self-esteem, interpersonal skills, confidence, independence and cognitive abilities. The findings on self-esteem are consistent with other outcome studies (Cook and Solomon, 1993).
The study was rated *medium* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was rated medium on its appropriateness of research design and analysis for addressing the review question for this systematic review. It also rated medium on the focus of the study for addressing the review question for this systematic review.
McGilloway, S. and Donnelly, M. (2002),[20] in their study on 'the way to work: a vocational training project for people with mental health problems', aimed to evaluate an employment initiative called ACCEPT (Assessment, Counselling, and Coaching in Employment Placement and Training). The sample consisted of 63 participants who had enrolled on an ACCEPT training course. The intervention involved four 'high' street information centres in Belfast and surrounding areas. Each centre provides a range of activities including: general advice and information to service users, carers and mental health professionals; one-on-one guidance and job counselling; in-house training; help to gain a place in further education; and work placement/employment with ongoing monitoring and support. Training course included: personal development skills, stress management and work and coping skills.
The design involved pre-testing and at follow-up. The tools used involved a demographic questionnaire, Lancashire Quality of Life Profile (LQOL; Oliver et al, 1995), Affect Balance Scale – a 10-item measure of psychological well-being, Rosenberg's Self-esteem Scale (1965), GHQ – a 10-item scale provided a measure of minor psychiatric morbidity, CAGE was employed as an alcohol screening instrument and the Goal Attainment Form (Goldberg, 1978) recorded

information on up to five goals or objectives which the trainee hoped to achieve as a result of attending ACCEPT and the extent to which these had been met on completion of training. The results indicated that at the end of the study, one third of trainees were involved in part or full-time voluntary work or work experience. People felt significantly more satisfied with 'the way they were coping with unemployment; their religion and purpose in life; social relationships; and their lives overall'. There was also a statistically significant increase in overall self-esteem. The authors concluded that the ACCEPT model of vocational training aims, in the first instance, to improve occupational functioning and skills, but there are additional benefits for service users which may promote recovery from illness/and prevent relapse.

The study was rated *medium* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was also rated medium on its appropriateness of research design and analysis for addressing the review question for this systematic review. It rated high on the focus of the study for addressing the review question for this systematic review.

Warner, R., Huxley, P. and Berg, T. (1999),[29] in their study on 'an evaluation of the impact of clubhouse membership on quality of life and treatment utilization', aimed to compare the quality of life, service utilisation and treatment cost among clubhouse members and a matched control group. The sample was majority white and consisted of a total of 76 participants (38 sets of matched pairs in the intervention and control group). The intervention was the clubhouse programme. The study involved an experimental design with non-random allocation of individuals to the intervention and control group. The tools used for data collection involved one-to-one interview (face-to-face or by telephone) using LQOL questionnaire and other data on service utilisation and cost of service utilisation were collected from the mental health centre's information system. Results data is missing from the summary table. The authors concluded that clubhouse members reported having close friends and someone whom they could rely on and turn to for help when they needed it significantly more often than the comparison group. The members feel better about their personal safety, finances, and overall well-being than the comparison group.

The study was rated *medium* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was rated high on its appropriateness of research design and analysis for addressing the review question for this systematic review. It also rated medium on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.

Appendix F: Details of process evaluation studies in the research review

High weight of evidence

Drake, R., Becker, D., Bond, G. and Mueser, K. (2003),[9] in their study on 'A process analysis of integrated and non-integrated approaches to supported employment', aimed to understand the advantages of integrating vocational and clinical services. The paper collectively reported on three studies and the numbers of participants in these three studies were 143, 152 and 204 respectively. The intervention was the supported employment programme. It focused on gaining competitive, integrated employment, integrating rehabilitation and mental health services and providing continuous assessment that is based in competitive work experiences and offering individualised follow-along support. The design of all three studies was different. The paper analysed secondary data. The main tools of data collection were one-to-one interviews (face-to-face or by telephone). The results indicated that service users' barriers to engagement into non-integrated programmes included: poor interpersonal skills, family difficulties, transportation problems, failure to perform outreach, insistence that service users participate in lengthy assessments, not paying attention to service user preferences. Integrated service programmes had much less difficulty with engagement because vocational specialists were added to an existing team and provided outreach. Integrated services had greater success retaining service users in services because the teams were large enough to provide a diversity of practitioners and because they routinely made efforts to reengage service users who temporarily dropped out due to hospitalisation or other crises. The authors concluded that integrated systems of care are generally more effective than non-integrated systems, especially for people with multiple needs.

The study was rated *high* in its overall weight of evidence (WoE). It was rated high on quality assessment issues and its trustworthiness in answering the study question. It was also rated high on both, its appropriateness of research design and analysis for addressing the review question for this systematic review as well as on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.

Henry, A. and Lucca, A. (2005),[17] in their study on 'Employment for people with serious mental illness: barriers and contemporary approaches to service'**,** aimed to examine the perspectives of people with psychiatric disabilities and employment service providers regarding factors that most directly help or hinder consumer efforts to obtain and maintain employment. The sample was majority white and consisted of 44 consumers and 33 providers, a total of 77 participants. The interventions were three rehabilitation programme types: clubhouse, supported employment or day rehabilitation programmes. Clubhouses provide services within an intentional therapeutic community. Structured work-focused activities are available throughout the day within the club, and members can obtain integrated employment in the community through a variety of options. Services for education and employment (or SEE) are staffed by employment

specialists who provide individualised job development and placement services for DMH service users. SEE programmes employ principles of both the individual placement and support (IPS) and the choose-get-keep (CGK) approaches to supported employment and education. Day rehabilitation programmes are not based on a specific service model. They focus on pre-vocational, social, and daily living skill development.

The study had a cross-sectional design and two focus group discussion were carried out, one with consumers only and one with providers only. Results indicate that focus group participants viewed employment success as being related to one's psychiatric condition to some extent, a person's mental illness was not considered the most important barrier to employment. Across all focus groups, both consumer and provider participants emphasised the importance of a person's characteristics beyond the illness, and most importantly, environmental factors acting as either facilitators or barriers. The authors concluded that while consumer–provider relationships and individualised services were seen as a fundamental facilitator of employment success, environmental factors, including social stigma as well as human service and entitlement system barriers were generally perceived as most daunting and difficult to change. Efforts at service innovation must continue to explore ways to diminish these challenging barriers so that people with severe mental illness can participate as fully as possible in work.

The study was rated *high* in its overall WoE. It was rated high on quality assessment issues and its trustworthiness in answering the study question. It was also rated high on both, its appropriateness of research design and analysis for addressing the review question for this systematic review as well as on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.

SESAMI (2006),[28] in a study on 'Social inclusion through employment support for adults with mental illness', aimed to advance knowledge about employment support by evaluating the approaches being taken in the UK, in the light of what we know about what helps people with mental health problems to get jobs. The sample consisted of 20 service users and staff participating in the supported employment programmes. The intervention were different types of employment support in the UK, delivered by different agencies through which participants were recruited. 'Agency A differs from the other partner agencies in that it operates within the mental health sector. Agencies B, C and D operate within the voluntary sector, by far the most common location for UK vocational services. Agency E is a pan-disability organisation with contracts to implement two government programmes, Workstep and New Deal for Disabled People (NDDP), while Agency F is an arm of the Department for Work and Pensions (DWP) that contracts out the Workstep programme under a range of brokerage arrangements.'

The study used a combination of qualitative and quantitative approaches designed for use in the different strands of the study. For the strand involving identifying factors and predictors for moving into work, semi-structured interviews were administered to people receiving support at baseline (Time 1) and one year

later (Time 2). A subset of those participated in depth interviews. Results indicated that service users' perceptions of the effective ingredients of employment support revolved around three main themes: feeling supported (motivation and encouragement, confidence building, staff being available for support and developing a good relationship), practical help (financial help, being accompanied to interviews etc, being helped with job preparation, job searching and the application and recruitment process) and a person-centred approach (supporting at the service user's pace, appropriate job matching, links with mental health services and employers). The authors concluded that in terms of their labour market potential, people with severe mental health problems do not differ markedly from any other group. Mental health staff need to recognise the importance of work for service users' recovery and the IPS approach can enable people with severe mental health problems to achieve their potential, but the quality of the support provided is as important as its organisational features.
The study was rated *high* in its overall WoE. It was rated high on quality assessment issues and its trustworthiness in answering the study question. It was rated high on its appropriateness of research design and analysis for addressing the review question for this systematic review. It also rated high on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.

Medium weight of evidence

Blitz, C. and Mechanic, D. (2006),[4] in a study on 'Facilitators and barriers to employment among individuals with psychiatric disabilities: a job coach perspective', aimed to explore the factors that may facilitate or hinder supported employment programmes to assist people with psychiatric disabilities in finding work. The total sample was 31 and three key informants and 28 job coaches completed the survey. The intervention was the supported employment programme.
It was an ethnographic study and a group was identified. The authors accepted all those who were willing to participate from that sample. Survey questionnaire was designed with the help of experts in the field and were sent out over mail. The results indicated that service users' motivation, expectations of work and the work placement process, self-efficacy to obtain and retain employment and relevant skills were considered the personal and environmental facilitators and barriers to employment. Three practices were identified as being useful. These include evaluation, training and removal of structural barriers. The authors concluded that through this study important employment strategies have been identified and a sharper distinction between barriers and facilitators has been made.
The study was rated *medium* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was also rated medium on both, its appropriateness of research design and analysis for addressing the review question for this systematic review as well as on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.

Gowdy, E., Carlson, L. and Rapp, C. (2004),[13] in their study on 'Organizational factors differentiating high performing from low performing supported employment programs', aimed to 'uncover the factors that contributed to differences in competitive employment rates for adults with severe mental illness between high and low performing programs'. Their sample consisted of a total of 93 staff and consumers who were interviewed, 46 at high performing sites and 47 at comparison sites. The interventions were two supported employment programmes.
This was a comparative study using two groups of programmes. The data was collected mostly by using one-to-one interview (face-to-face or by telephone). Results indicated that programme leaders in the high performing centres devoted more attention to and emphasised the (i) value of work in people's lives; (ii) were more likely to clearly communicate the belief that people who want to work, can work; and (iii) were more descriptive about what work means to the people they serve than those at comparison sites. The authors concluded that five factors from the QSEIS Scale (Bond et al, 1999) did distinguish between the high and low performing sites: (1) frequent team meetings and a teamwork approach between case managers and other staff; (2) systematic ways of informing consumers about service; (3) rapid approval from vocational rehabilitation; (4) rapid initial assessment; and (5) minimal prevocational programming.
The study was rated *medium* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was also rated medium on both, its appropriateness of research design and analysis for addressing the review question for this systematic review as well as on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.
Grove, B. and Seebohm, P. (2005),[14] in their study on 'Employment Retention Project Walsall evaluation report', aimed to evaluate the Walsall Employment Retention Project and to consider whether the service provides value for money and if delivery can be improved. The sample consisted of six service users, three mental health referrers, one psychiatrist, one general practitioner (GP), one employer and three project staff. So presumably the total was 15 participants.
The intervention was the Walsall Employment Retention Project. The project advisers work alongside clinicians and offer an individual support service to service users, liaising with their employers, mediating and, where necessary, advocating on their behalf, to ensure the best possible outcome for the service user.
The study aimed to capture the views of the service users and practitioners in the field. Qualitative semi-structured questionnaires were drawn up for service users, mental health referrers, GPs and employers. Taped interviews were carried out with six service users and three mental health referrers. The results indicated that the project has had a major positive impact on all those who participated in the evaluation, including service users and referrers. It meets all the criteria for an effective job retention service in the research literature. The authors concluded that the main recommendations for the project were to secure the future of the project by ensuring service delivery to the same high standard and work with

primary care community psychiatric nurses to increase GPs' awareness of the project.
The study was rated *medium* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was also rated medium on both, its appropriateness of research design and analysis for addressing the review question for this systematic review as well as on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.

Low weight of evidence

Block, L. (1992),[5] in a study on 'the employment connection: the application of an individual supported employment program for persons with chronic mental health problems', aimed to provide an overview of an individual supported employment programme for people with chronic mental health problems. The sample consisted of 14 mental health service users from three mental health community centres. The intervention was a supported employment programme called the Employment Connection. The intervention involved constructing an external advisory group for addressing larger issues about implementation of the programme, a case management team, employing job trainers for meeting the vocational training needs, job placement efforts and providing support.
The design of the study involved one group and post-test only. A single group was recruited with the intention to measure objective and subjective outcomes at 12, 18 and 24 months. The job satisfaction (by consumers) and job performance (by employers) was to be measured. The Survey of Consumer Service Satisfaction was developed and used for data collection. The results showed that inter-agency cooperation through the development of an effective case management team, person-centred career counselling, an employment education strategy that can address the concerns of the business community, and training resources will enhance professional competencies in this field. The author concluded that 'individual supported employment is an effective service delivery model through which to meet the vocational needs of people with psychiatric disabilities'.
The study was rated *low* in its overall WoE. It was rated low on quality assessment issues and its trustworthiness in answering the study question. It was also rated low on both, its appropriateness of research design and analysis for addressing the review question for this systematic review as well as on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.

Harding, M., Hafez, H., Strauss, S. and Lieberman, P. (1987),[16] in their study on 'Work and mental illness 1: toward an integration of the rehabilitation processes', aimed to look at 'one community and the degree to which vocational rehabilitation has been integrated into it network of care for psychiatric patients'. Their sample consisted of 28 service users. Various vocational rehabilitation programmes, for example, patient–employee work programme, veteran's resource programme, community work adjustment programme. The programmes were located in 'an above-average mental health and rehabilitation system that had a wide range of components in place such as vocational rehabilitation,

medical and psychological evaluation; vocational counselling and guidance; physical and mental restorative services; vocational training; job placement etc'. The study aimed to capture the views of the service users and was ethnographic in nature. One-to-one interviews, surveys and observations were used to collect data. The survey identified four serious impediments to the integration of vocational rehabilitation strategies into the mental health system: (1) rigidity: the rigidity of the system created barriers to producing creative solutions to vocational rehabilitation for the service user; (2) isolation: lack of joined-up work between the service user and the services available resulting in duplication of efforts, with service users receiving services that did not meet their needs. Lack of communication regarding procedures creates isolation for the service user and family members and no one knows at what point in the service trajectory the service user is at; (3) ad hoc compensatory operations: an improvised non-system emerged to cope with the rigidity and lack of an overarching understanding of how work affects the course of mental health. This non-system relied heavily on the ingenuity of counsellors or clinicians who subverted the process in order to achieve person-centred goals; and (4) narrow frames of reference: practitioners working in silos. In the narrow application of the medical model clinicians often failed to appreciate the work or vocational rehabilitation might have an impact on symptom relief or on the course of the illness. And counsellors often focused on skill deficiency at the expense of a fuller understanding of the clinical implications. The authors suggest the following solutions to address these barriers: (1) flexibility (across the interface of components in the system); (2) collaboration (within and across agencies and participants in the treatment/rehabilitation system); (3) data-based training (training based on research that documents and demonstrates programme efficacy or lack of it); and (4) unified theoretical framework (an overarching model for the rehabilitation of the mentally ill, knitting together the theoretical framework involving both the clinical and rehabilitative orientations).

The study was rated *low* in its overall WoE. It was rated low on quality assessment issues and its trustworthiness in answering the study question. It was rated medium on its appropriateness of research design and analysis for addressing the review question for this systematic review. It rated low on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.

Rogers, E., MacDonald-Wilson, K., Danley, K., Martin, R. and Anthony, W. (1997),[27] in their study on 'A process analysis of supported employment services for persons with serious psychiatric disability: implications for program design', aimed to yield a comprehensive understanding of the process of providing supported employment services to people with psychiatric disability. The sample consisted of 19 predominantly white participants. The intervention was based on the CGK model. The intervention aimed to focus on: (i) incorporating the principles and practices of psychiatric rehabilitation; (ii) focused on participant activities of pre-employment, placement and training/follow-along; (iii) deal with issues of stigma and confidentiality; (iv) longer choosing phase; (v) less focus on intense up front support with more longer time support; (vi) emphasis on

practitioner flexibility to the episodic and often unpredictable nature of psychiatric disability.
The study followed a small cohort over time. Data was collected pre-, during; post- and two-year follow-up. Participants completed self-reporting forms and reported on programme satisfaction (level of satisfaction on different issues). Other documentation included job: earnings, type, satisfaction, job setting, symptoms and social supports, hospitalisations and their costs. The results indicated that there was a statistically significant increase in contact hours over the project. Earnings increased form $2,286 in the year prior to enrolment to $3,693 (not statistically significant). Type of job did not change. There was no change in symptom, satisfaction with social supports (remained moderately dissatisfied) or frequency of social contacts over the project. The authors concluded that: (1) supported employment programmes must be extremely flexible, responsive and accessible in terms of when and with whom contacts occur; (2) emotional support is the most frequent contact suggesting supported employment staff need skills in counselling and relationship building; (3) accessibility of support on the service users' own terms and in variety of modalities appears important for success; and (4) paucity of research data and discrepancies with other studies suggest more research required.
The study was rated *low* in its overall WoE. It was rated medium on quality assessment issues and its trustworthiness in answering the study question. It was rated medium on its appropriateness of research design and analysis for addressing the review question for this systematic review. It rated low on the focus of the study (including conceptual focus, context, sample and measures) for addressing the review question for this systematic review.

Appendix G: Practice survey data collection tools
Online and postal survey

Organisational information

1. Does your service offer targeted support for adults with mental health difficulties accessing work, education and other forms of meaningful occupation?
2. Type of organisation (please tick all that apply):
   - Voluntary/not-for-profit agency
   - Statutory agency
   - Government initiative
   - User/peer/self-advocacy group
   - Further education/higher education institution
   - Social enterprise
   - Commercial business
   - Other (please specify)
3. Do you target any specific sub-group of mental health service users with particular forms of mental distress?
4. Are your training and vocational services provided:
   - to all ethnic groups
   - to a specific ethnic group
   - exclusively to men
   - exclusively to women
   - both men and women
   - to a target age group
5. Are there any other important characteristics of your target population?
6. Where are your services provided? *Rural* *Urban* *Both*
7. Please give name of region
8. Are there any other important characteristics of the area? eg regeneration zone

Practitioner information

9. Please specify your qualifications/skills/training, if any
10. What is your professional role in the provision of the training and vocational services?
11. What is your disciplinary background (and sub-speciality), if any?

Training and vocational services

12. What type of vocation and training services do you provide?
13. Does your service support people:
    - to enter mainstream employment
    - once they are in mainstream employment
    - to enter alternative forms of employment (eg social firms)
    - once they are in alternative forms of employment (eg social firms)
    - to take up education courses
    - once they are undertaking education
    - to take up volunteering
    - once they have taken up volunteering

to take up arts or other creative activity
once they have taken up arts or other creative activity
to take up other forms of vocational activity (please specify)
once they have taken up other forms of vocational activity (please specify)

14. What are the specific outcomes that your organisation uses to evaluate the success of your vocational and training interventions:
user views of service delivery
user views of impact of service
carer/family views of service delivery
staff/professional views of service delivery
staff professional views of impact of service
individual outcomes such as self-esteem, social activity (please specify)
levels of social inclusion
symptom reduction
relapse prevention
employment/meaningful occupation-related outcomes
other (please specify)

15. How do you measure these outcomes?
user self-report eg views/scale ascertained in interviews or questionnaires
practitioner report eg views/scale ascertained in interviews or questionnaires
agency records eg statistics ascertained from routine records

16. Please describe who and how individuals are referred to your service

17. Describe your process for evaluating the suitability of your service for each user

18. Aside from yourself, who else is involved in service delivery?

19. Is the service provided? *in groups or individually?*

20. What is the minimum and maximum length of time that a user may receive the service? *Minimum? Maximum?*

Delivery of services

21. To what degree can the service be tailored to support the particular aims and aspirations of each individual service user?

22. How do practitioners work with mental health service users to recognise and build on any strengths?

23. How does the support provided by your service link with other aspects of a person's life (eg health, interests, spirituality, culture, family, housing, finances)?

24. How does your service support people when they experience setbacks in their mental health?

25. How does your service enable mental health service users to provide support to one another?

26. How do practitioners work with mental health service users to develop and maintain constructive working relationships based on mutual respect?

27. How does your service encourage service users to take responsibility for their actions and progress?
28. How does your service give people the message that they can achieve their goals?
29. How does your service link in with other mainstream services and activities in the community?
30. What are the main obstacles to putting into practice the approaches outlined in section this section?

Practice survey interview schedule

1. **To what degree can the service be tailored to support the particular aims and aspirations of each individual service user?**
   - What is this like in practice?
   - What enables or constrains this process?
2. **How do practitioners work with mental health service users to recognise and build on any strengths?**
   - What is this like in practice?
   - What enables or constrains this process?
3. **How does the support provided by your service link with other aspects of a person's life (eg health, interests, spirituality, culture, family, housing, finances)?**
   - What is this like in practice?
   - What enables or constrains this process?
4. **How does your service support people when they experience setbacks in their mental health?**
   - What is this like in practice?
   - What enables or constrains this process?
5. **How does your service enable mental health service users to provide support to one another?**
   - What is this like in practice?
   - What enables or constrains this process?
6. **How do practitioners work with mental health service users to develop and maintain constructive working relationships based on mutual respect?**
   - What is this like in practice?
   - What enables or constrains this process?
7. **How does your service encourage service users to take responsibility for their actions and progress?**
   - What is this like in practice?
   - What enables or constrains this process?
8. **How does your service give people the message that service users can achieve their goals?**
   - What is this like in practice?
   - What enables or constrains this process?

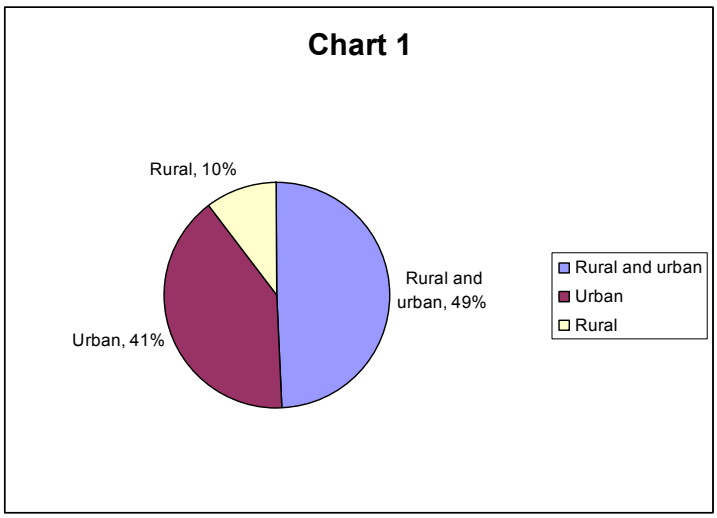
9. How does your service link in with other mainstream services and activities in the community?

- What is this like in practice?
- What enables or constrains this process?

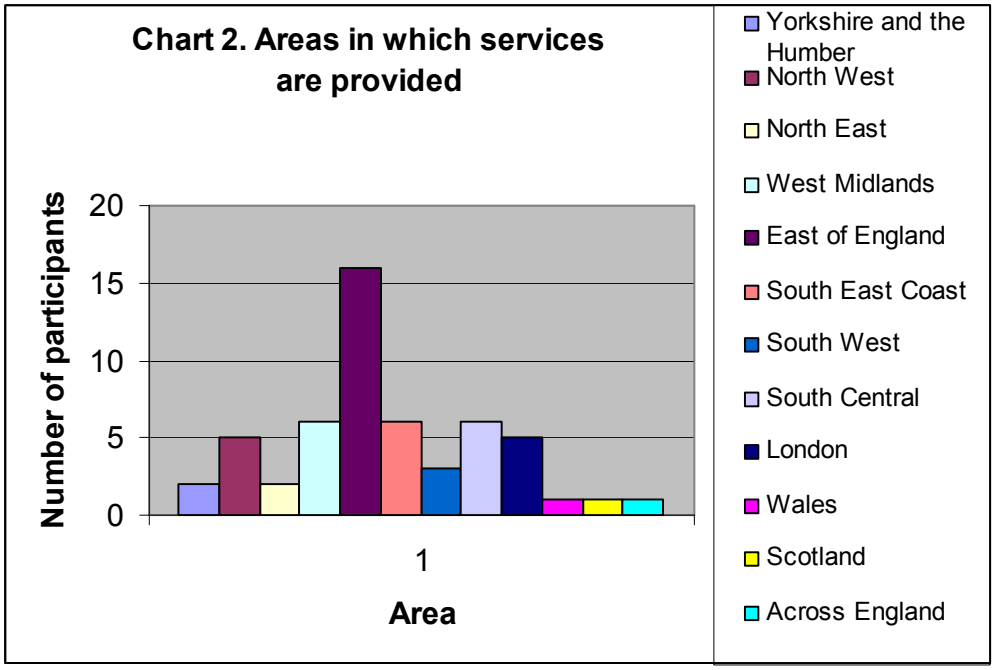
Appendix H: Practice survey data

Organisational information

Nearly half the participants reported that their services are provided in both rural and urban areas (34 people), while 41% (28 people) selected ‘urban’ and 10% (7 people) selected ‘rural’, as shown in Chart 1.



Most people identified the region in which their services are provided. Participants provided the name of the area, which was then classed according to the strategic health authority classifications. As can be seen in Chart 2, organisations that provide services in the East of England were over represented in our sample. There was only one respondent from Wales, and one from Scotland. Although surveys were sent to Northern Ireland this did not produce any survey responses.



Thirty-five people identified one or more 'important characteristics of the area'. Deprivation and regeneration emerged as a key theme. In 13 cases, the area (or parts of the area covered by the service) was being regenerated, and seven of these specified that it was part of a regeneration zone. Ten people identified deprivation as a problem, with two of these talking about 'pockets of hidden poverty' where the area is generally perceived as affluent. An additional five said that the areas covered are economically diverse, with both deprived and affluent neighbourhoods. Others said that the regions in which their services are provided were part of various government initiatives such as Neighbourhood Renewal Funding, Health Action Zone, European Social Fund Objective 1, the City Pride Partnership or a pilot area for Pathways to Work (one agency in each case). Several respondents mentioned the nature of the local population, for example, large numbers of migrants and asylum seekers (1), Incapacity Benefit claimants (1), students (1) or single parents (1) or relevant social trends such as high levels of unemployment (2), high incidence of psychiatric morbidity or mental health problems (2), high levels of violent street crime (1) or high density housing (1). Two people also commented that poor public transport could make accessing the service or jobs more difficult for their service users.

Vocational and training services

Routes into the service

Respondents described the referral into their services. The most common routes were through secondary mental health services, self-referral (27) and primary care/GPs (21). Fifteen people named secondary mental health services as a referral source, with an additional 26 specifically identifying community mental health teams (CMHTs) or care coordinators and four pointing to referral via the

care programme approach (CPA). Several others mentioned health professionals in general, and a smaller number named community psychiatric nurses or occupational therapists. In seven cases, referral came through social services.
A quarter stated that referral was through Jobcentre Plus, job centres or disability employment advisers. Other agencies such as voluntary groups (eg Mind, other employment organisations) were identified by 10 people, while three mentioned housing associations or the local authority.
Three participants said that carers or family members were could refer people, and one said that employers or colleagues were sometimes involved in this process. In two organisations, there were different referral routes according to the nature of the services being accessed.

The nature of services

Participants were asked 'What type of vocational and training services do you provide?'. A small number simply gave the name of the type of support they provide (eg IPS or supported employment), but most provided some details about what the service involves. Nearly a third of organisations (20) provided some type of training or courses, some of which were accredited. Some were skills based (eg IT training, numeracy), some were vocational (eg food hygiene, catering), while others offered personal development courses (eg assertiveness).
Twenty-three percent of respondents (16) said that advice, information and/or guidance formed a part of the services they provided. The types of advice included career guidance, work counselling, advice about disclosure and employment skills. A slightly larger number of people (19) provided more practical work preparation support, such as help with job searching, writing CVs, applications and preparing for interviews. A few (8) identified non-vocational support such as 'confidence building', 'stress management' or 'motivation techniques'. For example, one helped with "team building, conflict resolution, positive empowerment, responsibility, self-esteem".
A fairly large part of many organisations' work involved helping service users to access other services. Nine provided help with accessing external training, eight helped people access education and five carried out general signposting where necessary. Nine organisations supported service users to find voluntary work, external job placements or work experience.
Eight organisations carried out some kind of assessment with service users, for example of basic skills, abilities, past achievement or current activities, and three mentioned that they produce intervention or action plans or help with goal setting.
Around a quarter of respondents (17) used the term 'supported employment' (eg into 'real work') or 'IPS' (5) to describe what they do. A few others alluded to supported employment but were less explicit, for example, 'graded support' or 'vocational support'. Nine emphasised job retention or support in work.
Nine people offered in-house work experience opportunities, for example, at a café on site or garden maintenance. A small number termed this 'sheltered vocational activities' or something similar.
In a later question, respondents were given a list of options and asked to select which services their organisation offers. This may provide a clearer indication than the spontaneous responses summarised above.

Participants gave examples of other forms of vocational activity: five identified work experience/placement, work trial or job tasters while two mentioned sheltered work.

The 'other' category included:

- support with self-employment (2);
- employer support: "We also support employers and staff from learning and work organisations in relation to supporting our service users" (1);
- health support: "advice, guidance and support on healthy lifestyles and physical activity" (1);
- vocational courses (1);
- peer group: "Self-help friendship group to develop confidence in social skills" (1);
- help to access other mental health services (1).

Service delivery

The majority (90%) of services were provided individually, and 50% in groups. In seven agencies, the service was provided only in groups. Twenty-six of those who provided services individually also provided it in groups.

Just under half of respondents (31) said that there are no time limits for use of their services. A few explained that the "individual determines how long they require our service" or that "the service is service user led/centred". For those who did have set time limits, the minimum period was one session/telephone call/day (7), between 6 and 12 weeks (5) or 6 months (2). The maximum periods were less than one year (or 4 to 6 sessions) (4), between one and one-and-a-half years (3), two years (8) or three years (8). However, a small number added that the maximum time limit was flexible depending on individual need.

Evaluating services

Participants were asked 'What are the specific outcomes that your organisation uses to evaluate the success of your vocational and training interventions?' and were provided with a list of possible responses, as summarised in Table 2.

Table 2:

Outcomes	***n* (count)**	**%**
User views of service delivery	57	86
User views of impact of service	39	59
Carer/family views of service delivery	18	27
Staff/professional views of service delivery	38	58
Staff/professional views of impact of service	25	38
Individual outcomes such as self-esteem, social activity	46	67
Levels of social inclusion	29	44
Symptom reduction	24	36
Relapse prevention	19	29
Employment/meaningful occupation-	60	91

related outcomes		
Other	3	5

'Others' consisted of:
- enrolment/achievement in education/courses (4)
- level of attendance (1)
- dependency on services (1).

Employment-related outcomes and user views of service delivery were the two biggest outcome indicators used. Organisations sought service user views more than those of staff. Carer/family views were only considered by around a quarter of the organisations who participated in the survey. Social and personal development outcomes appeared to be more important than clinical indicators such as symptom prevention or relapse prevention.

Four people did not answer this question, with one explicitly stating that they do not measure impacts. =

Eighty-two per cent (54) measured these outcomes using service user self-report (views or scale ascertained in interviews of questionnaires), while nearly half (32) used practitioner reports in the same way. Three quarters (49) used agency records (eg statistics ascertained from routine records). A few others identified the use of anecdotal or informal verbal feedback from service users and/or practitioners/care coordinators. Other methods were Ofsted inspections, social accounting, an annual review day and borough performance management framework.