

Data supplement

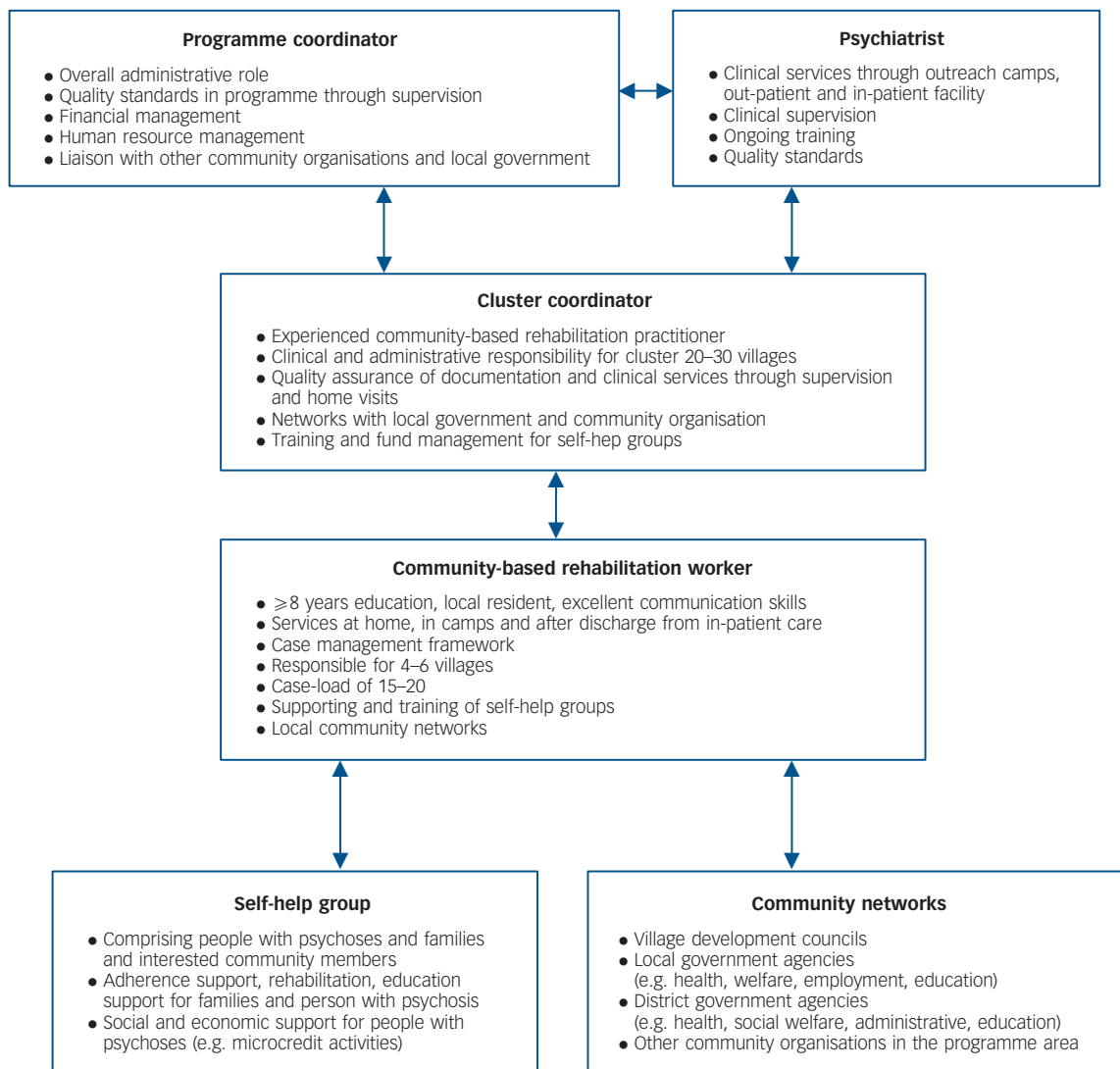


Fig DS1 The structure of the community-based rehabilitation programme

Table DS1 Description of the interventions in the community-based rehabilitation programme

Intervention component	Who delivered	Frequency of contact	Setting of delivery	Activity
First contact review	Community-based rehabilitation workers	At entry into the programme	Home or outreach camp	Baseline sociodemographic information about participant and family Basic clinical data Early date for medical review
Medical review	Psychiatrist	At entry Usually monthly reviews until stabilised 3-monthly reviews subsequently	Outreach camps Out-patient and in-patient care at Ashagram Hospital	Diagnostic review Appropriate, phase-dependent pharmacological treatment Education about medications and need for adherence and engagement with the community programme In-patient care for acute crises and exacerbations of illness
Need assessment and individual care plan	Community-based rehabilitation workers + cluster coordinator + psychiatrist	At entry Revised in team meetings every month	Consultation with service user and family at home	Assessment of needs using locally developed interview Updated at regular intervals during team meetings
Psychoeducation	Community-based rehabilitation workers	1–2 exploratory sessions 4–6 sessions subsequently within the initial, 'intensive engagement' phase	Home based	Nature of illness and disabilities Need for treatment Need for family support Provision of hope
Adherence (medication) management	Community-based rehabilitation workers + psychiatrist	During every clinical contact	Home based Outreach camps	Explanation about time frame of action Recognition and management of side-effects Ensuring regular supplies of prescribed medications to participant Need for use for an adequate duration and to discontinue only with medical advice
Rehabilitation	Community-based rehabilitation workers + cluster coordinator + self-help group members	Once every month	Home based	Improving activities of daily living and becoming independent Resuming some work at home depending on gender Resuming work as appropriate for increasing length of time Improving social interactions within and outside family Attending community activities and resuming roles expected as a citizen
Awareness programmes	Community-based rehabilitation workers + cluster coordinator	Once every month	Every village in the programme area Community gatherings	Street plays, posters and interactive meetings where themes of early treatment, stigma, discrimination and inclusion were highlighted
Networks to promote reintegration	Community-based rehabilitation workers + cluster coordinator + self-help group members	Ongoing	Locally in every village At the subdistrict government level At the level of district administration At the level of local health facilities	Access to local government schemes for disability benefits Inclusion in local government developmental works Inclusion in self-help groups Access to general medical care