De Silva et al: Effect of psychosocial interventions on social functioning in depression and schizophrenia. Br J Psychiatry 2013; 202: 253–60 (doi: 10.1192/bjp.bp.112.118018)

Table DS1 Overview of Cochrane systematic reviews on the effect of psychosocial interventions for depression and psychosis on social functioning

Review	Intervention	Total # RCTs included	# RCTs with social functioning outcome	Effect on social functioning	MA
Reviews of	psychosocial interventions for depression	on			
Psychother	ару				
Henken 2007 ⁶³	Family therapy vs. no intervention or alternative intervention	6	3	Not significant	N
Abbass 2006 ⁶⁴	Short-term psychodynamic psychotherapies vs. Treatment as usual	23	1	Significant positive association.	N
Psycho-soci	ial interventions				
Dennis 2007 ⁶⁵	Psychosocial interventions vs. Various	10	2	Mixed results (data not conclusive)	N
Reviews of	psychosocial interventions for psychosis	s			
Psychother	ару				
Xia 2011 ⁶⁶	Psycho-education vs. standard levels of knowledge provision	44	9	Significant positive associations.	Υ
McGrath 2000 ⁶⁷	Cognitive rehabilitation vs. Intensive Occupational Therapy (IOT)	3	1	Not significant	N
Buckley 2007 ⁶⁸	Supportive therapy vs. Cognitive Behavioural Therapy	21	2	Mixed results (data not conclusive)	N
Pharoah 2010 ⁶⁹	Family therapy vs. Standard care.	53	4	Significant positive association.	Υ
He 2007 ⁷⁰	Morita Therapy vs. Standard care	12	2	Significant positive association.	Υ

Psycho-soci	ial interventions				
Cleary 2008 ⁷¹	Psychosocial interventions vs. Standard care	25	Not specified	Mixed results (data not conclusive)	N
Crowther 2001 ⁷²	Vocational rehab vs. Usual services	18	2	Not significant	N
Tungpunk om 2008 ⁷³	Life skills programme vs. Attention control condition	4	1	Not significant	N
Gold 2005 ⁷⁴	Music therapy vs. Placebo and standard care	4	2	Significant positive association	Υ
Ruddy 2005 ⁷⁵	Art therapy vs. Standard care and psychosocial intervention	2	2	Not significant	N
Collaborati	ve care models				
Kisely 2011 ⁷⁶	Community-outpatient care vs. standard care	2	2	Not significant	Υ
Marshall 2003 ⁷⁷	Day hospital vs. Inpatient care	9	4	Not significant	N
Shek 2090 ⁷⁸	Day hospital vs. outpatient care	4	3	Mixed results (data not conclusive)	Υ
Dieterich 2010 ⁷⁹	Intensive Case Management (caseload <20) vs. non-Intensive Case Management (caseload >20) & standard community care	38	15	Not significant	Y

MA = meta-analysis

 Table DS2 Social functioning outcome scales used in studies included in review

							Socia	l functio	oning do	mains m	easured	by the s	cale	
Scale	Description of scale	Developed for psychiatric population?	Developed for LMIC population?	Acceptable validity and reliability?	# studies using scale in review*	Parental role	Marital role	Household role	Social/recreational activities	Interpersonal relationships	Independence/self care	Occupation/education	Physical limitations	Emotional functioning
Short-Form 36 social functioning sub-scale (SF-36) ¹³	Self-assessed. Extent and frequency with which health problems interfered with normal social activities.	No	No	Yes	4				Х					
Social Functioning Scale (SFS) ⁸⁰	Self-assessed. 79 questions covering 7 domains: Social withdrawal, relationships, social activities, recreational activities, independence (performance and competence), employment. Developed to assess functioning essential for integration of people with schizophrenia in the community.	Yes	No	Yes	1		Х	Х	Х	Х	Х	Х		
Lambert's Outcome Questionnaire (OQ- 45.2) ⁸¹	Self-assessed. 45 items divided into five categories. The items assess the patient's state in three areas: symptoms, interpersonal relationships, and social role functioning with higher scores representing a dysfunctional population.	Yes	No	Not enough data to assess	1				х	х		Х		х
Uganda functional impairment score ¹⁷	Self-assessed. Locally developed and validated for Uganda sex-specific 9-item questionnaire to assess functional impairment. Scores from 0 "no more difficulty" to 4 "frequently unable to do task" for each item, combined into a single score with higher scores indicating more dysfunction.	No	Yes	Yes in this pop.	1	Х		X	Х		х	х	х	

Global Assessment of Functioning (GAF) ⁸²	Clinician rated. 100-point single item scale. "1-10 persistent danger" to "91-100" superior functioning in a wide range of activities. No symptoms".	No	No	Yes	1				Х	Х	Х	X	Х	Х
Global Assessment Scale (GAS) ⁸³	Clinician rated. 100-point single item scale. From "1-10 hypothetically most impaired individual" to "91-100 hypothetically healthiest individual". Scale designed to assess functioning in psychiatric patients, developed from the GAF.	Yes	No	Yes	2				Х	Х	Х	х	Х	х
Social and Occupational Functioning Assessment Scale (SOFAS) ⁸⁴	Clinician rated. 100-point single item scale. From "1-10 superior functioning in a wide range of activities" to "1-10 persistent inability to maintain minimal personal hygiene. Unable to function without harming self or others or without considerable external support". Developed from GAF.	Yes	No	Not enough data to assess	1				X	Х	Х	Х		X
World Health Organisation Disability Assessment Scale (WHO-DAS II) ⁸⁵	Self-assessed. Assesses day to day functioning in six activity domains. Results provide a profile of functioning across the domains, as well as an overall disability score.	No	Yes	Yes	1			Х	Х	Х	Х	Х	Х	Х
Social Disability Screening Schedule (SDSS) ⁴⁹	Self-assessed. Adapted from the WHO-DAS. Measures 10 items with 3 levels of scoring: "no loss of social functioning" to "severe loss of social functioning".	Yes	Yes	Yes in this pop.	12	Х	Х	X	X	Х	Х	Х		
Brief Disability Questionnaire (BDQ) ⁸⁶	Self-assessed. Assesses disability in everyday activities from a low score of 1-6 "not at all impaired" to a high score of 14-22 "definitely impaired".	No	Yes	Yes in this pop	1			Х	Х	X	Х	Х	Х	
	42													

^{*}The total adds up the 25 as 1 study (Pang 2002)⁴² used 2 scales to measure social functioning at different time points.

 Table DS3
 Summary of included studies: Depression

Author Year	Trial design and participants	Intervention and control groups	Social functioning outcomes and timing of outcome assessment	Cochrane risk of bias*	of	Effect on social functioning	Clinical effect	M/A
Country	RED PSYCHOTHERAPIES		outcome assessment					
	onal therapy							
Bolton	Cluster RCT	Therapy vs. TaU	Sex-specific 9-item	Sequence gen		Positive association	Yes	Yes
2003 ¹⁷ /	Cluster KC1	Therapy vs. 140	questionnaire to assess		U	Positive association	162	res
Bass	284 adults living in the	Int: 139 people from 15 villages	functional impairment with	Partic. blind		The intervention group		
2006 ¹⁸			·		L .	The intervention group		
	community who met	randomised to 16 weeks of weekly	higher scores indicating	Outcome blind	L	had significantly lower		
Uganda	DSM-IV criteria for	90 minute sessions of community	more dysfunction.	Incomplete out	L	functional impairment		
	major or sub-syndromal	based group interpersonal		Select report.	L	scores at both follow-up		
	depression, identified	psychotherapy delivered in	Assessed 4 ½ months* and	Other	L	times compared to the		
	through community	gender-specific groups of between	10 months post baseline.			control group.		
	screening.	8 – 10 people.						
		Ctrl: 145 people from 15 villages						
		randomised to receive usual care						
		(normally no treatment).						
de Mello	Individual RCT	Therapy vs. TaU	Global Assessment of	Sequence gen	U	No association	No	Yes
2001 ¹⁹			Functioning (GAF)	Alloc conceal	U			
Brazil	35 adults who met ICD-	Int:16 patients randomized to		Partic. blind	L	Non-significant trend of		
	10 criteria for dysthymic	receive anti-depressant	Assessed 12 weeks, 6	Outcome blind	L	greater improvement in		
	disorder (chronic	(moclobemide) plus 16 weekly	months* and 48 weeks	Incomplete out	Н	mean GAF scores over		
	depression), referred to	followed by 6 monthly	from baseline.	Select report.	L	time in the intervention		
	2 psychiatric hospital	interpersonal therapy (IPT)		Other	Н	group compared to the		
	outpatient clinics.	sessions				control.		
		Ctrl: 19 patients randomized to						
		receive anti-depressant						
		(moclobemide) and routine						
		clinical management.						
Ye	Individual RCT	Therapy vs TaU	Social Disability Screening	Sequence gen	L	Positive association	Yes	Yes

2006 ²⁰			Schedule (SDSS)	Alloc conceal	U			
China	60 patients who were	Int: 60 patients randomized to		Partic. blind	L	Significantly greater		
	inpatients of a	receive group Interpersonal	Assessed after the 12-week	Outcome blind	U	improvement in the		
	psychiatric hospital	psychotherapy for 12 weeks and	intervention, 3 months *	Incomplete out	Н	intervention group in		
	between Aug 2004 and	anti-depressants	from baseline.	Select report.	L	social functioning after		
	May 2005 who met the			Other	U	treatment than in the		
	DSM-IV criteria for	Ctrl: 60 patients randomized to				control group (social		
	depression with an	receive anti-depressants				functioning in both		
	HAMD score of more					groups improved).		
	than 17 and a CRS score							
	of more than 10.							
Problem	solving therapy therapy							
Patel	Individual RCT	Therapy vs. Placebo	Disability measured with	Sequence gen	L	No association	No	Yes
2003 ²¹			Brief Disability	Alloc conceal	L			
India	450 adults who scored	Int 2: 150 patients randomized to	Questionnaire (BDQ)	Partic. blind	L	No significant		
	15 or more on the	problem solving therapy - 6		Outcome blind	L	differences in		
	Revised Clinical	sessions delivered by a non-	Assessed 2, 6 months*	Incomplete out	L	functioning at any time		
	Interview Schedule	medical health worker over 3	and 12 months from	Select report.	L	point between the		
	(CISR) identified through	months	baseline.	Other	L	placebo and therapy		
	outpatient clinics in 2	Ctrl: 150 patients randomized to				groups.		
	general hospitals	receive a placebo pill.						
		A further 150 patients were						
		randomized to 6 months of						
		antidepressant (fluoxetine SSRI)						
		treatment, but these results are						
		not included in this review.						
	NTERVENTIONS							
OTHER IN	N I ER VEIN I IONS							
OTHER IN								
		Non-conventional treatment +	Social Disability Screening	Sequence gen	L	Positive association	Yes	Yes

China	104 adults who met			Partic. blind	L	Significantly better		
	CCMD-3 for post-	Int: 52 patients randomized to	Assessed immediately after	Outcome blind	Н	social functioning in the		
	schizophrenic	receive 12-week-long Morita	the 12-week-intervention,	Incomplete out	Н	intervention group		
	depression, with at least	therapy and anti-depressant in	3 months* from baseline.	Select report.	L	compared to the control		
	18 points for HAMD	Morita therapy sickrooms		Other	U	group at 3 months.		
	total score; identified	Ctrl: 52 patients randomized to				- '		
	through a provincial	receive inpatient treatment as						
	psychiatric hospital	usual and anti-depressant						
		(aminazine and venlafaxine).						
	OMPONENT COLLABORATIVI	1	40 11 14110 01 1411			I		
Patel	Cluster RCT	Multi-component intervention vs.	12-item WHO Disability	Sequence gen	L	Positive association	Yes, but	Yes
2011 ²³		enhanced usual care	Assessment Schedule	Alloc conceal	L		in public	
India	2796 adults diagnosed		(WHO-DAS II)	Partic. blind	L	Significantly better	clinics	
	with ICD-10 depression	Int: 1648 patients randomised to		Outcome blind	L	social functioning scores	only	
	were recruited from 12	receive up to 6 months of	Assessed 2, 6 months* and	Incomplete out	L	in the intervention		
	public and 12 private	collaborative stepped care	12 months from baseline.	Select report.	L	compared to the control		
	primary health care	comprising psycho-education ,		Other	L	group at 2 months		
	clinics.	anti-depressants, inter-personal				month follow-up in		
		therapy and psychiatric referral.				public Primary Health		
		Cases were managed by a lay				Care centres only. No		
		health counsellor who oversaw the				significant difference		
		non-drug treatments, including				between intervention		
		diagnosis and prescription by a				and control groups at 6		
		primary care physician, and				or 12 month follow-up		
		supervision from a psychiatrist.				in public PHCs. No		
						significant difference in		
		Ctrl: 1148 patients randomised to				private GP practices at		
		receive enhanced usual care				any time point.		
		(given screening results and a						
		training manual).						

]		
Araya	Individual RCT	Multi-component intervention vs.	Social functioning subscale	Sequence gen	L	Positive association	Yes	Yes
2003 ²⁴		TaU	of the SF-36	Alloc conceal	L			
Chile	240 adult females who			Partic. blind	L	Significant		
	met DSM-IV criteria for	Int: 120 patients randomized to 3-	Assessed 6 months* and	Outcome blind	L	improvements in social		
	major depression,	months of multi-component	9 months from baseline.	Incomplete out	L	functioning in		
	identified through 3	stepped care led by non-medical		Select report.	L	intervention group		
	primary-care clinics.	health workers, comprising 7		Other	Н	compared to TaU at		
		weekly psycho-education group				both 6 and 9 months		
		therapy sessions for all patients,				from baseline.		
		and structured pharmacotherapy						
		delivered by the primary care						
		physician for those with						
		severe/persistent depression,						
		along with treatment adherence						
		support.						
		Ctrl: 120 patients randomised to						
		receive treatment as usual .						
Rojas	Individual RCT	Multi-component intervention vs.	Social functioning subscale	Sequence gen	L	Positive association	Yes	Yes
2007 ²⁵		TaU	on the SF-36	Alloc conceal	L			
Chile	230 mothers at any			Partic. blind	L	Significantly better		
	stage during their first	Int: 114 mothers randomized to	Assessed 3 and 6 months*	Outcome blind	L	social functioning scores		
	postnatal year who met	receive a multi-component	from baseline	Incomplete out	L	in intervention group		
	DSM-IV criteria for post-	intervention involving 8 weekly		Select report.	L	compared to TaU at 3		
	natal depression,	psycho-educational groups,		Other	L	months but not 6		
	identified through 3	treatment adherence support,				months.		
	primary health clinics.	and pharmacotherapy if needed.						
		Ctrl: 116 mothers randomized to						
		receive usual care including all						
		services normally available in the						
		primary health clinics.						

Individual RCT	Multi-component intervention vs.	Social role functioning	Sequence gen	U	Borderline association	Yes	Yes
	TaU	subscale on the Lambert's	Alloc conceal	U			
87 adult women who		Outcome Questionnaire	Partic. blind	L	No significant difference		
met ICD-10 criteria for	Int: 44 patients randomized to	(OQ-45.2) with high scores	Outcome blind	L	in		
severe depression and	receive 3 months of out-patient	(max 36) indicating worse	Incomplete out	L	social functioning scores		
who had a history of	structured intervention by a	social functioning	Select report.	L	between the control		
childhood traumatic	multidisciplinary team including		Other	L	and intervention groups		
experiences, referred to	medication and weekly cognitive	Assessed 3 and 6 months*			at 3 months.		
a hospital outpatient	trauma-based therapy.	from baseline			Borderline significantly		
clinic.	Ctrl: 43 patients randomized to				better functioning in the		
	receive TaU following clinical				intervention compared		
	guidelines including				to the control group at		
	psychotherapy and medication.				6 months.		
Individual RCT	Multi-component intervention vs.	Social functioning subscale	Sequence gen	L	Borderline association	Yes	Yes
	TaU	of the SF-36	Alloc conceal	L			
345 adult mothers living			Partic. blind	L	The intervention group		
with children aged 6-16	Int: 175 received pharmacological	Assessed 3 and 6 months*	Outcome blind	L	had borderline		
years who met DSM-IV	intervention with telephone re-	from baseline.	Incomplete out	U	statistically significant		
criteria for major	enforcement including treatment		Select report.	L	better social functioning		
depression, identified	adherence and psycho-education		Other	U	scores than the control		
through 5 primary-care	by trained non-professional staff.				group at 3 months, with		
clinics.	Ctrl: 170 received usual care in				borderline non-		
	primary care including				significantly better		
	pharmacotherapy and				functioning at 6		
	psychological therapy.				months.		
	87 adult women who met ICD-10 criteria for severe depression and who had a history of childhood traumatic experiences, referred to a hospital outpatient clinic. Individual RCT 345 adult mothers living with children aged 6-16 years who met DSM-IV criteria for major depression, identified through 5 primary-care	TaU 87 adult women who met ICD-10 criteria for severe depression and who had a history of childhood traumatic experiences, referred to a hospital outpatient clinic. Individual RCT S45 adult mothers living with children aged 6-16 years who met DSM-IV criteria for major depression, identified through 5 primary-care clinics. TaU Individual RCT TaU Int: 44 patients randomized to receive 3 months of out-patient structured intervention by a multidisciplinary team including medication and weekly cognitive trauma-based therapy. Ctrl: 43 patients randomized to receive TaU following clinical guidelines including psychotherapy and medication. Multi-component intervention vs. TaU Int: 175 received pharmacological intervention with telephone reenforcement including treatment adherence and psycho-education by trained non-professional staff. Ctrl: 170 received usual care in primary care including pharmacotherapy and	TaU TaU TaU TaU Subscale on the Lambert's Outcome Questionnaire (OQ-45.2) with high scores (max 36) indicating worse social functioning Material outpatient clinic. Individual RCT Individual RCT TaU TaU Individual RCT TaU TaU Individual RCT TaU TaU Individual RCT TaU Individual RCT TaU Individual RCT TaU TaU Individual RCT TaU Individual RCT TaU Individual RCT TaU TaU Individual RCT Int: 175 received pharmacological intervention vs. TaU Int: 175 received pharmacological intervention with telephone reenforcement including treatment adherence and psycho-education by trained non-professional staff. Ctrl: 170 received usual care in primary care including pharmacotherapy and Int: 44 patients randomized to receive 3 months of out-patient structured intervention by absocate on the Lambert's Outcome Questionnaire (OQ-45.2) with high scores (max 36) indicating worse social functioning Assessed 3 and 6 months* from baseline Social functioning Assessed 3 and 6 months* from baseline.	87 adult women who met ICD-10 criteria for severe depression and who had a history of childhood traumatic experiences, referred to a hospital outpatient clinic. Individual RCT Individual RCT 345 adult mothers living with children aged 6-16 years who met DSM-IV criteria for major depression, identified through 5 primary-care clinics. TaU TaU Int: 44 patients randomized to receive 3 months of out-patient structured intervention by a multidisciplinary team including medication and weekly cognitive trauma-based therapy. Ctrl: 43 patients randomized to receive TaU following clinical guidelines including psychotherapy and medication. Multi-component intervention vs. TaU Alloc conceal Partic. blind Outcome Dulation (max 36) indicating worse social functioning Select report. Other Assessed 3 and 6 months* from baseline Sequence gen of the SF-36 Alloc conceal Partic. blind Assessed 3 and 6 months* from baseline Sequence gen of the SF-36 Alloc conceal Partic. blind Outcome bilind Assessed 3 and 6 months* from baseline. Sequence gen of the SF-36 Ctrl: 175 received pharmacological intervention with telephone reenforcement including treatment adherence and psycho-education by trained non-professional staff. Ctrl: 170 received usual care in primary care including pharmacotherapy and	TaU TaU Subscale on the Lambert's Outcome Questionnaire (OQ-45.2) with high scores (max 36) indicating worse social functioning Multidisciplinary team including medication and weekly cognitive trauma-based therapy. Ctrl: 43 patients randomized to receive TaU following clinical guidelines including with children aged 6-16 years who met DSM-IV criteria for major depression, identified through 5 primary-care clinics. TaU TaU Subscale on the Lambert's Outcome Questionnaire (OQ-45.2) with high scores (max 36) indicating worse social functioning Select report. Other L Alloc conceal U Partic. blind U Dutcome blind L Select report. U Other L Select report. L Other L Alloc conceal U Partic. blind U Dutcome blind L Select report. L Other L Assessed 3 and 6 months* from baseline Social functioning subscale of the SF-36 Alloc conceal U Partic. blind U Dutcome blind L Select report. L Other L Sequence gen Alloc conceal L Partic. blind U Dutcome blind L Incomplete out L Select report. L Other L Sequence gen Alloc conceal L Partic. blind U Dutcome blind L Incomplete out L Select report. L Other L Sequence gen Alloc conceal L Partic. blind U Dutcome blind L Incomplete out L Select report. L Other L Select report. L Other L Select report. L Other L Sequence gen Alloc conceal L Partic. blind L Dutcome Dutome blind L Incomplete out L Select report. L Other U Select report. L Outcome Dutome blind L Incomplete out L Select report. L Outcome Dutome blind L Incomplete out L Select report. L Outcome Dutome blind L Incomplete out L Select report. L Outcome Dutome blind L Incomplete out L Select report. L Outcome Dutome blind L Incomplete out L Select report. L Outcome Dutome blind L Incomplete out L Select report. L Outcome Dutome blind L Incomplete out L Select report. L Outcome Dutome blind L Incomplete out Partic. blind Outcome Dutome blind L Incomplete out Partic. blind Outcome Dutome blind L Incomplete out P	TaU 87 adult women who met ICD-10 criteria for severe depression and who had a history of childhood traumatic experiences, referred to a hospital outpatient clinic. Individual RCT Individual RCT Multi-component intervention vs. a345 adult mothers living with children aged 6-16 years who met DSM-IV criteria for major depression, identified through 5 primary-care clinics. TaU Subscale on the Lambert's Outcome Questionnaire (IQQ-45.2) with high scores (max 36) indicating worse social functioning social functioning medicating medication and weekly cognitive trauma-based therapy. Ctrl: 43 patients randomized to receive TaU following clinical guidelines including psychotherapy and medication. Individual RCT Multi-component intervention vs. TaU Multi-component intervention vs. criteria for major depression, identified through 5 primary-care clinics. TaU Multi-component intervention with telephone re-enforcement including treatment adherence and psycho-education by trained non-professional staff. Ctrl: 170 received usual care in primary care including pharmacotherapy and	TaU 87 adult women who met ICD-10 criteria for severe depression and who had a history of childhood traumatic experiences, referred to a hospital outpatient clinic. Intil 44 patients randomized to receive 3 months of out-patient structured intervention by a multidisciplinary team including medication and weekly cognitive trauma-based therapy. Ctrl: 43 patients randomized to receive TaU following clinical guidelines including psychotherapy and medication. Individual RCT Multi-component intervention vs. TaU Intil 175 received pharmacological intervention with telephone reenforcement including treatment adherence and psycho-education by trained non-professional staff. Ctrl: 170 received usual care in primary care clinics. TaU Subscale on the Lambert's Outcome Questionnaire (IOQ-45.2) with high scores (max 36) indicating worse social functioning was 6 indicating was 6 indicating worse social functioning with children about 5 intervention groups at 3 3 months. Sequence gen L Alloc conceal L Partic. blind L Outcome blind L Doutcome blind L Outcome bl

Hu	Individual RCT	Multi-component intervention vs.	Social Disability Screening	Sequence gen	L	Positive association	Yes	Yes
2007 ²⁸		TaU	Schedule (SDSS)	Alloc conceal	U			
China	76 adults who meet the			Partic. blind	L	The intervention group		
	Chinese Classification of	Int: On discharge, 39 patients	Assessed 6 months*, 12,	Outcome blind	L	had significantly better		
	Mental Disorders v3	randomised to receive1.5 – 2 years	18 and 24 months from	Incomplete out	Н	social functioning scores		
	(CCMD3) criteria for	family-based treatment package	baseline.	Select report.	Н	than the control group		
	depression, identified	including medication, psycho-		Other	U	throughout the follow-		
	through the inpatient	therapy, positive intervention and maintenance therapy.			1	up period. Time of		
	department of a	Ctrl: 37 randomised to standard				follow-up not reported		
	psychiatric hospital.	outpatient treatment.				in paper.		

 Table DS4 Summary of included studies: Schizophrenia

Author Year Country	Trial design and participants	Intervention and control groups	Social functioning outcomes and timing of outcome assessment	Cochrane risk bias*	of	Effect on social functioning	Clinical effect	M/A
STRUCTUI	RED PSYCHOTHERAPIES							
Family psy	ycho-education							
Xiang	Individual RCT.	Family psycho-education vs. TaU	Social Disability Screening	Sequence gen	U	Positive association	Yes	No as
1994 ³⁰	77 adults with		Schedule (SDSS)					no
China	schizophrenia or	Int: 36 patients randomized to				Significantly better		data in
	affective psychoses (69	receive community-based family	Assessed immediately			improvements in social		the
	schizophrenia; 8	psycho-education plus drug	post-intervention at 4			functioning in		paper
	affective disorders)	treatment (haloperidol decanoate)	months* from baseline.	Alloc conceal	U	intervention group		
	living in three rural	for 4 months.		Partic. blind	L	compared to controls.		
	communities.			Outcome blind	L			
		Ctrl: 41 patients randomized to		Incomplete out	U			
		receive drug treatment		Select	U			
		(haloperidol decanoate) only.		reporting				
				Other	Н			
Li	Individual RCT	Family psycho-education vs. TaU	Chinese version of the	Sequence gen	Н	Positive association	Yes, at	Yes
2005 ³³			Global Assessment Scale	Alloc conceal	Н		9	
China	101 psychiatric hospital	Int: 46 patients and their families	(GAS)	Partic. blind	L	Significant	months	
	in-patients who met	randomized to receive 44 hours of		Outcome blind	Н	improvements in social	only	
	CCMD-II-R criteria for	psycho-education and skills	Assessed at 6 and 12	Incomplete out	Н	functioning in		
	schizophrenia and was	training while in hospital, plus 2	months* from baseline.	Select report.	L	intervention group at 9		
	living with a family	hours per month for 3 months		Other	Н	months post-discharge,		
	member at least 3	post-discharge.				but not at 3 months or		
	months prior to the	Ctrl: 55 patients and their families				at discharge.		
	current hospital	randomized to receive standard						
	admission. Respondents identified through	inpatient treatment.						

	hospital screening.							
Wang 2008 ³⁴ China	Individual RCT 220 then- outpatients (all rural) who were once inpatients of an 'An Kang' (enforced treatment) psychiatric hospital between Jun 2002 and Oct 2003, and met the CCMD-3 criteria for schizophrenia	Family psycho-education vs. TaU Int: 110 patients randomized to receive monthly family-psycho education (once a month in year 1, once every two months in year 2) on disease knowledge and management with their family, and anti-psychotic medication and outpatient consultations on a regular basis Ctrl: 110 patients randomized to receive anti-psychotic medication and outpatient consultations on a regular basis.	Social Disability Screening Schedule (SDSS) Assessed 6, 12 months*, 18 and 24 months from baseline.	Sequence gen Alloc conceal Partic. blind Outcome blind Incomplete out Select report. Other	H L U L U	Positive association Significantly greater improvement in social functioning in intervention group compared with control group at 12, 18 and 24 months.	Yes	Yes
Patient ps	sycho-education							
Wei 1997 ³⁵	Individual RCT	Patient psycho-education vs. TaU	Social Disability Screening Schedule (SDSS)	Sequence gen Alloc conceal	U	Positive association	Yes	Yes
China	100 inpatients in a psychiatric hospital who	Int: 50 patients randomized to receive 4 weeks of psycho -	Assessed 1 year and 1	Partic. blind Outcome blind	L	Significant improvements in social		
	met CCMD-2 criteria for	education about independent	month* post-baseline.	Incomplete out	Н	functioning in		

	under control after receiving previous treatment.	about schizophrenia and its treatment. Involved lectures, exams and role-plays. Ctrl: 50 patients randomized to standard inpatient treatment				year follow-up.		
Social Ski	Ils training							
Cui 2004 ³¹ China	Individual RCT 100 male patients who were inpatients in a general hospital between 1999 and 2001 who met the CCMD-2-R criteria for schizophrenia, and have had the condition for more than 5 years.	Int: 50 patients randomized to receive 12-week group social skills training course and stable antipsychotic medication Ctrl: 50 patients randomized to receive stable anti-psychotic medication	Social Disability Screening Schedule for inpatients (SDSI) Assessed post-intervention 12 weeks* from baseline.	Alloc conceal Partic. blind Outcome blind Incomplete out Select report. Other	U L L H	Positive association Significantly greater improvement in social functioning in intervention compared to control group after the intervention.	Yes	No Mean scores not report ed
Multi-cor	mponent structured psychot	herapy						
Chen 2003 ³⁶	Individual RCT	Therapy vs. TaU	Social Disability Screening Schedule (SDSS)	Sequence gen Alloc conceal	L	Positive association	Yes	Yes
China	64 patients who were inpatients in a psychiatric hospital between Jul 2001 and	Int: 32 patients randomized to receive 10-weekly session of psycho-education and social skills training plus their usual anti-	Assessed 1 year 10 weeks* from baseline.	Partic. blind Outcome blind Incomplete out Select report.	L	Significantly greater improvement in social functioning in the intervention group than		

	Apr 2002, met the ICD- 10 and/or CCMD-3	psychotic medication.		Other U	the control group.		
	criteria for schizophrenia, living with at least one guardian.	Ctrl: 32 patients randomized to receive their usual anti-psychotic medication.					
Guo 2010 ³⁷	Individual RCT	Psycho-education vs. TaU	Chinese version of the Global Assessment Scale	Sequence gen U Alloc conceal U	Positive association	Yes	Yes
China	1268 adults who met DSM-IV criteria for schizophrenia or schizophreniform disorder within past 5 years, and on maintenance treatment, identified through 10 outpatient psychiatric clinics	Int: 633 patients randomized to receive 12 months (48 sessions) of group psychosocial treatment comprising psycho-education, family intervention, skills training, and CBT plus their usual antipsychotic medication. Ctrl: 635 patients randomized to receive their usual antipsychotic medication only (various).	Assessed at 6 and 12 months* from baseline.	Partic. blind L Outcome blind L Incomplete out H Select report. L Other U	Significantly greater improvement in functioning scores over time in intervention group compared to controls.		
Yildiz 2004 ³⁸ Turkey	Individual RCT 30 clinically stable adults with DSM-IV schizophrenia were recruited from 2 hospital outpatient clinics	Int: 15 patients randomised to receive weekly sessions in an 8 month psychosocial skills training program including psychoeducation, interpersonal therapy and family therapy plus their normal medication. Ctrl: 15 patients randomised to receive standard out-patient care	79 item Social Functioning Scale (SFS) Assessed post-intervention and 8 months* from baseline.	Sequence gen Alloc conceal Partic. blind L Outcome blind Incomplete out Select report. L Other	Positive association Significant improvements in social and general functioning scores in the intervention compared to the control group after the intervention.	Yes	Yes

		including their normal medication .						
Zimmer	Individual RCT.	Therapy vs. TaU	Social and Occupational	Sequence gen	L	Positive association	Yes	Yes
2007 ³⁹			Functioning Assessment	Alloc conceal	U	•		
Brazil	56 adults with	Int: 20 patients randomized to	Scale (SOFAS).	Partic. blind	L	Significantly greater		
	schizophrenia or	receive 12 weekly sessions of		Outcome blind	L	improvements in GAF		
	schizoaffective disorder	group Integrated Psychological	Assessed post-	Incomplete out	Н	and SOFAS mean scores		
	(ICD-10 criteria)	Therapy (IPT), designed to reduce	intervention at 3 months*	Select report.	L	in intervention group		
	identified through an	basic cognitive defects in patients	from baseline.	Other	н	compared to controls.		
	outpatient program of a	with schizophrenia and including						
	general hospital.	cognitive differentiation, social						
		perception, verbal						
		communication, social skills						
		training, interpersonal problem-						
		solving and psycho-education						
		components, plus routine						
		medication.						
		Ctrl: 36 patients randomized to						
		receive standard outpatient						
		treatment including routine						
		medication. (2:1 ratio, ctrl:int).						
OTHER IN	ITERVENTIONS							
Art Thera	· ·							
Meng	Individual RCT	Art therapy vs. TaU	Chinese version of the	Sequence gen	U	Positive association	Yes	Yes
2005 ⁴⁰			Global Assessment Scale	Alloc conceal	U			
China	100 patients who were	Int: 50 patients randomized to	(GAS)	Partic. blind	L	Significant		
	inpatients admitted for	receive art therapy (twice a week		Outcome blind	J	improvements in social		
	compulsory treatment	for 15 weeks in groups of 6-8) plus	Assessed after the	Incomplete out	L	functioning in		
	for least 2 months in a	regular therapy	intervention, 4 months*	Select report.	L	intervention group		
	psychiatric hospital		from baseline.	Other	L	compared with control		
	between Mar-Sep 2003,	Ctrl: 50 patients randomized to				group		

	and met ICD-10 criteria for schizophrenia	receive regular therapy (except art)						
MULTI-CO	OMPONENT COMMUNITY-B	ASED CARE INTERVENTIONS						
Li 2002 ⁴¹ China	Individual RCT 76 patients who were newly admitted inpatients of a psychiatric hospital between Jun 1999 and Mar 2001, and met the CCMD-2-R criteria for first onset schizophrenia.	Community care intervention vs TaU Int: 38 patients randomized to receive weekly home care and social rehabilitation and regular antipsychotic medication (mainly sulpiride) for a maximum of 3 months. Ctrl: 38 patients randomized to receive standard inpatient care and regular antipsychotic medication (mainly sulpiride)	Social Disability Screening Schedule (SDSS) Assessed after the intervention, up to 3 months* from baseline.	Sequence gen Alloc conceal Partic. blind Outcome blind Incomplete out Select report. Other	H L U H U	Positive association Significant improvement in social functioning in intervention group after treatment but not the control group; difference between intervention group and control group after treatment was significant.	No	Yes
Pang 2002 ⁴² China	Individual RCT 240 in-patients (all males) who were admitted to two general hospitals between 2004 and 2006 (3 years) and met the CCMD-2 criteria for paranoid schizophrenia.	Community care intervention vs. TaU Int: 120 males were randomized to receive 4 weeks of individual psycho-therapy as an inpatient plus medication (mainly chlorpromazine) and routine clinical follow-ups. Post discharge, family involvement in therapy sessions and community involvement to support patients not living with family and to	Social Disability Screening Schedule (SDSS) assessed 2 years and 1 month* from baseline. Chinese version of the Global Assessment Scale (GAS) assessed 1 month from baseline only.	Sequence gen Alloc conceal Partic. blind Outcome blind Incomplete out Select report. Other	H U U H H U	Positive association Significant improvements in SDSS which were sustained after 2 years of the treatment. No difference in GAS score 1 month from baseline.	No	Yes

		encourage adherence.						
		Ctrl: 120 males were randomized to receive medication (mainly						
		chlorpromazine) followed by routine clinical follow-ups.						
Xiong	Individual RCT.	Community care intervention vs.	Social Disability Screening	Sequence gen	U	Positive association	Yes	No.
1994 ³²		TaU	Schedule (SDSS)					No
China	63 patients admitted to					At the 6, 12, and 18-		data in
	hospital diagnosed with	Int: 34 randomised to receive an	Assessed 6, 12 months*			month evaluations,		paper
	schizophrenia (DSM-III-	individualised family-based multi-	and 18 months post-	Alloc conceal	U	intervention group had		
	R) and living with at	component intervention lasting 1	baseline.	Partic. blind	L	better social functioning		
	least one family	to 2 years including monthly 45		Outcome blind	L	scores than control		
	member.	minute family counselling sessions		Incomplete out	L	group, but this was only		
		and 90 minute family group		Select report.	Н	significant at 12 and 18		
		sessions, home visits and		Other	Н	months (no statistics		
		medication supervision, followed				reported).		
		by maintenance treatment.						
		Ctrl: 29 randomised to receive						
		standard outpatient treatment						
		including usual medication.						

Risk of bias rating:



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Fig. DS1 Sensitivity analyses for depression studies: high-quality only

	Exp	erimenta	I		Control		;	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
1.1.1 Interpersonal Thera	ару								
Bolton 2003/Bass 2006	-4.3	4.7	103	-8.7	7.5	113	9.8%	0.69 [0.42, 0.97]	-
De-Mello 2001	84.6	10.4	11	79.2	14.6	13	4.7%	0.41 [-0.41, 1.22]	- •
Ye 2006 Subtotal (95% CI)	-1.87	1.6	60 174	-4.73	2.83	60 186	8.5% 23.0%	1.24 [0.84, 1.63] 0.84 [0.40, 1.29]	•
Heterogeneity: Tau ² = 0.10	$0; Chi^2 = 6$	6.12, df = 2	2 (P = 0).05); l² =	= 67%				
Test for overall effect: Z =	3.71 (P =	0.0002)							
1.1.2 Problem Solving Th	nerapy								
Patel 2003 Subtotal (95% CI)	-7.1	5	121 121	-7.6	5.1	133 133	10.1% 1 0.1%	0.10 [-0.15, 0.35] 0.10 [-0.15, 0.35]	
Heterogeneity: Not applica Test for overall effect: Z =		0.43)							
1.1.4 Multi-component co	ollaborat	ive care							
Patel 2011 - Public PHC	-16.36	7.3261	684	-17.43	24.3928	732	11.1%	0.06 [-0.05, 0.16]	+
Patel 2011 - Private GP	-16.37	21.3736	476	-15.7	22.8264	537	11.0%	-0.03 [-0.15, 0.09]	+
Araya 2003	63.8	30.2	102	44	26.9	109	9.8%	0.69 [0.41, 0.97]	
Rojas 2007	63.6	31.7966	114	60.1	30.4491	116	9.9%	0.11 [-0.15, 0.37]	 -
Vitriol 2009	-13.59	8.22	36	-16.86	7.13	35	7.7%	0.42 [-0.05, 0.89]	 -
Fritsch 2007	69.2	26.1399	143	63.8	29.0608	131	10.1%	0.20 [-0.04, 0.43]	 -
Hu 2007	-12.1	18.1	39	-38.1	15.2	37	7.2%	1.54 [1.02, 2.05]	
Subtotal (95% CI)			1594			1697	66.9%	0.35 [0.11, 0.59]	•
Heterogeneity: Tau ² = 0.09	9; Chi² = 5	54.23, df =	6 (P <	0.00001); I ² = 89%	0			
Test for overall effect: Z =	2.83 (P =	0.005)							
Total (95% CI)			1889			2016	100.0%	0.45 [0.22, 0.68]	•
Heterogeneity: Tau ² = 0.12	2; Chi ² = 9	99.32, df =	: 10 (P ·	< 0.0000)1); I ² = 90	%			
Test for overall effect: Z =	3.82 (P =	0.0001)							Favours control Favours experimen
Test for subgroup differen	ces: Chi2	= 8.40, df	= 2 (P :	= 0.01),	$l^2 = 76.2\%$. around control if avoid experimen

Fig. DS2 Sensitivity analyses for depression studies: Short-term follow-up (<6 months)

	Exp	erimenta			Control		;	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
1.1.1 Interpersonal thera	ру								
Bolton 2003/Bass 2006	-4.3	4.7	103	-8.7	7.5	113	9.7%	0.69 [0.42, 0.97]	
De-Mello 2001	77.2	9.6	11	77.7	14.4	13	4.2%	-0.04 [-0.84, 0.76]	
Ye 2006	-1.87	1.6	60	-4.73	2.83	60	8.2%	1.24 [0.84, 1.63]	
Subtotal (95% CI)			174			186	22.0%	0.72 [0.17, 1.28]	
Heterogeneity: $Tau^2 = 0.18$ Test for overall effect: $Z = 1$			2 (P = 0).009); I ²	= 79%				
1.1.2 Problem solving the	erapy								
Patel 2003	-7.1	5	121	-7.6	5.1	133	10.0%	0.10 [-0.15, 0.35]	- - -
Subtotal (95% CI)			121			133	10.0%	0.10 [-0.15, 0.35]	*
Heterogeneity: Not applica	able								
Test for overall effect: Z =	0.78 (P =	0.43)							
1.1.3 Morita therapy									
Wei 2005	-4.05	2.73	52	-5.97	3.06	52	8.1%	0.66 [0.26, 1.05]	
Subtotal (95% CI)			52			52	8.1%	0.66 [0.26, 1.05]	•
Heterogeneity: Not applica									
Test for overall effect: Z =	3.26 (P =	0.001)							
1.1.4 Multi-component co	ollaborat	ive care							
Patel 2011 - Public PHC	-16.41	12.9829	705	-18.11	13.9286	733	11.4%	0.13 [0.02, 0.23]	-
Patel 2011 - Private GP	-16.38	23.7433	482	-15.72	18.4476	572	11.2%	-0.03 [-0.15, 0.09]	†
Araya 2003	63.8	30.2	102	44	26.9	109	9.6%	0.69 [0.41, 0.97]	
Rojas 2007	82.2	31.7966	114	63.9	30.4491	116	9.8%	0.59 [0.32, 0.85]	
Vitriol 2009	-14.52	6.79		-17.14	7.95	40	7.5%	0.35 [-0.09, 0.80]	 •
Fritsch 2007	84.3	26.1399	158	77.9	29.0608	149	10.3%	0.23 [0.01, 0.46]	
Subtotal (95% CI)			1600			1719	59.8%	0.30 [0.09, 0.51]	•
Heterogeneity: Tau ² = 0.05			5 (P <	0.00001); $I^2 = 86\%$	0			
Test for overall effect: Z =	2.80 (P =	0.005)							
Total (95% CI)			1947				100.0%	0.41 [0.21, 0.62]	•
Heterogeneity: Tau ² = 0.09			10 (P	< 0.0000)1); I ² = 88	%			-2 -1 0 1 2
Test for overall effect: Z =	•	,							Favours control Favours experimenta
Test for subgroup difference	ces: Chi ²	= 7.94, df	= 3 (P :	= 0.05),	$l^2 = 62.2\%$				

Fig. DS3 Sensitivity analyses for depression studies: long-term follow-up (>6 months)

	Exp	perimenta	ıl	Control			;	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
1.1.1 Interpersonal Thera	ару								
Bolton 2003/Bass 2006	-3.6	5.4	103	-9.5	8.1	113	10.6%	0.85 [0.57, 1.13]	
De-Mello 2001	86.6	11.8	11	80.8	13.6	12	4.8%	0.44 [-0.39, 1.27]	 •
Subtotal (95% CI)			114			125	15.4%	0.81 [0.54, 1.07]	•
Heterogeneity: Tau ² = 0.0	0; Chi² = 0	0.84, df = ¹	1 (P = 0).36); l² =	= 0%				
Test for overall effect: Z =	5.97 (P <	(0.00001)							
1.1.2 Problem Solving TI	herapy								
Patel 2003	-7.5	5.4	116	-6.5	5	127	10.9%	-0.19 [-0.44, 0.06]	
Subtotal (95% CI)			116			127	10.9%	-0.19 [-0.44, 0.06]	•
Heterogeneity: Not applica	able								
Test for overall effect: Z =		0.14)							
1.1.3 Multi-component c	ollaborat	ive care							
Patel 2011 - Public PHC	-16.19	17.3289	685	-17.61	40.1187	701	12.3%	0.05 [-0.06, 0.15]	+
Patel 2011 - Private GP	-16.58	24.12	460	-15.93	20.2166	521	12.1%	-0.03 [-0.15, 0.10]	+
Araya 2003	70.1	26.7	104	51.2	28.9	107	10.7%	0.68 [0.40, 0.95]	
Vitriol 2009	-13.59	8.22	44	-16.86	7.13	43	8.8%	0.42 [-0.00, 0.85]	 •
Rojas 2007	63.6	31.7966	114	60.1	30.4491	116	10.9%	0.11 [-0.15, 0.37]	+-
Fritsch 2007	69.2	26.1399	143	63.8	29.0608	131	11.1%	0.20 [-0.04, 0.43]	
Hu 2007	-12.1	18.1	39	-38.1	15.2	37	7.7%	1.54 [1.02, 2.05]	
Subtotal (95% CI)			1589			1656	73.6%	0.35 [0.10, 0.59]	•
Heterogeneity: Tau ² = 0.09	9; Chi² = \$	54.15, df =	6 (P <	0.00001); I ² = 89%	6			
Test for overall effect: Z =	2.81 (P =	0.005)	,		-				
Total (95% CI)			1819			1908	100.0%	0.35 [0.12, 0.58]	•
Heterogeneity: Tau ² = 0.1	1; Chi² = 8	86.38, df =	9 (P <	0.00001); I ² = 90%	6		-	
Test for overall effect: Z =	3.01 (P =	0.003)							-2 -1 0 1 2 Favours control Favours experime
Test for subgroup differen	ces: Chi²	= 28.76, d	lf = 2 (P	< 0.000	$(01), I^2 = 9$	3.0%			i avodis contior i avodis expenine

Fig. DS4 Sensitivity analyses for schizophrenia studies: high-quality studies only

	Exp	periment	al	(Control			Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
2.1.1 Multi-compone	nt struct	ured psy	ychoth	erapies					
Chen 2003	-4.04	3.89	32	-7.63	4.27	31	32.6%	0.87 [0.35, 1.39]	_
Guo 2010	82.9	8.1998	406	80.8	9.3465	338	36.8%	0.24 [0.10, 0.38]	=
Zimmer 2007 Subtotal (95% CI)	43.25	6.54	20 458	34.14	4.53	36 405	30.6% 100.0%	1.69 [1.05, 2.32] 0.89 [0.05 , 1.72]	
Heterogeneity: Tau ² =	0.48; Ch	$ni^2 = 23.0$	7, df = 2	2 (P < 0	.00001);	$I^2 = 91^{\circ}$	%		
Test for overall effect:	Z = 2.09	(P = 0.0)	4)						
Total (95% CI)			458			405	100.0%	0.89 [0.05, 1.72]	•
Heterogeneity: Tau ² =	0.48; Cł	$ni^2 = 23.0$	7, df = 3	2 (P < 0	.00001);	$I^2 = 91^{\circ}$	%	=	-2 -1 0 1 2
Test for overall effect:	Z = 2.09	(P = 0.0)	4)						-2 -1 0 1 2 Favours control Favours experimen
Test for subgroup diffe	erences:	Not appli	icable						1 avours control 1 avours experimen

Fig. DS5 Sensitivity analysis for schizophrenia studies: short-term follow-up (<12m)

	Exp	perimenta	ıl		Control			Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
2.1.1 Psycho-educati	on								
Li 2005	77.1	10.2	36	76.4	13.6	33	11.0%	0.06 [-0.41, 0.53]	†
Wei 1997	-1.1	0.4	50	-1.9	0.6	50	11.3%	1.56 [1.11, 2.01]	
Subtotal (95% CI)			86			83	22.3%	0.81 [-0.66, 2.28]	
Heterogeneity: Tau ² =				(P < 0.0))0001); I	$^{2} = 95\%$)		
Test for overall effect:	Z = 1.08	(P = 0.28))						
2.1.2 Multi-componer	nt struct	ured psyd	hothe	rapy					
Chen 2003	-4.45	3.34	32	-8.57	5.27	31	10.6%	0.93 [0.40, 1.45]	
Yildiz 2004	132.6	33.85	15	96.2	30.24	15	8.2%	1.10 [0.33, 1.88]	
Guo 2010	79.8	10.3657	512	77.9	9.9506	472	13.6%	0.19 [0.06, 0.31]	•
Zimmer 2007	43.25	6.54	20	34.14	4.53	36	9.5%	1.69 [1.05, 2.32]	
Subtotal (95% CI)			579			554	41.9%	0.94 [0.19, 1.68]	•
Heterogeneity: Tau ² =	0.51; Ch	$i^2 = 31.09$	df = 3	(P < 0.0))0001); I	$^{2} = 90\%$)		
Test for overall effect:	Z = 2.45	(P = 0.01))						
2.1.3 Art Therapy									
Meng 2005 Subtotal (95% CI)	67.79	15.03	50 50	56.93	15.24	50 50	11.7% 11.7%	0.71 [0.31, 1.12] 0.71 [0.31, 1.12]	-
Heterogeneity: Not ap	nlicable		00			00	111770	0.7 1 [0.01, 1.12]	•
Test for overall effect:	•	(P - 0 00	06)						
rest for overall effect.	2 - 0.40	(1 – 0.00	00)						
2.1.4 Multi-componer	nt comm	unity car	е						
Pang 2002	67.28	6.5	120	66.23	6.81	120	12.9%	0.16 [-0.10, 0.41]	<u>†</u>
Li 2002	-1.61	4.56	38	-3.64	4.05	38	11.2%	0.47 [0.01, 0.92]	<u>, </u>
Subtotal (95% CI)			158			158	24.1%	0.25 [-0.03, 0.53]	•
Heterogeneity: Tau ² = Test for overall effect:	,	,	`	P = 0.25	5); $I^2 = 26$	5%			
Total (95% CI)			873			845	100.0%	0.71 [0.36, 1.06]	•
Heterogeneity: Tau ² =	0.23: Ch	$i^2 = 66.51$	df = 8	(P < 0.0	00001)- 1				
Test for overall effect:	-			,	, , .	5576			-4 -2 0 2 4
Test for subgroup diffe		`	,	3 (P = 0	.14). I ² =	44.6%			Favours control Favours experimental
. cot for odbgroup diffe	51.1000.	J.11 = J1	_, (· · · ·	, , . –	. 1.0 /0			

Fig. DS6 Sensitivity analysis for schizophrenia studies: long-term follow-up (>12m)

	Exp	eriment	al		Control		;	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
2.1.1 Psycho-educat	ion								
Li 2005	78	10.3	36	70.2	15.9	33	16.0%	0.58 [0.10, 1.06]	
Wang 2008	-1.8	1.1	98	-3.3	1.1	95	17.2%	1.36 [1.04, 1.67]	
Wei 1997	-0.8	0.3	50	-2.1	0.7	50	15.7%	2.40 [1.88, 2.91]	_ -
Subtotal (95% CI)			184			178	48.9%	1.44 [0.55, 2.33]	
Heterogeneity: Tau ² =	0.57; Ch	$ni^2 = 25.2$	9, df =	2 (P < 0	.00001);	$I^2 = 92^{\circ}$	%		
Test for overall effect:	Z = 3.17	(P = 0.0)	02)						
2.1.2 Multi-compone	nt struct	ured ps	ychoth	erapies	;				
Chen 2003	-4.04	3.89	32	-7.63	4.27	31	15.7%	0.87 [0.35, 1.39]	
Guo 2010	82.9	9.2248	406	80.8	8.4118	338	17.9%	0.24 [0.09, 0.38]	
Subtotal (95% CI)			438			369	33.6%	0.50 [-0.11, 1.11]	•
Heterogeneity: Tau ² =	0.16; Ch	$ni^2 = 5.30$, df = 1	(P = 0.0)	02); $I^2 = 8$	31%			
Test for overall effect:	Z = 1.61	(P = 0.1	1)	•	,				
2.1.5 Multi-compone	nt comm	nunity ca	ıre						
Pang 2002	-1.37	0.68	120	-1.6	0.92	120	17.5%	0.28 [0.03, 0.54]	 -
Subtotal (95% CI)			120			120	17.5%	0.28 [0.03, 0.54]	◆
Heterogeneity: Not ap	plicable								
Test for overall effect:	Z = 2.18	(P = 0.0	3)						
Total (95% CI)			742			667	100.0%	0.93 [0.37, 1.49]	•
Heterogeneity: Tau ² =	0.45: Ch	ni² = 97.6	2. df =	5 (P < 0	.00001):	$l^2 = 95$	%	_	
0 ,			•	,	/,				
		•	,	2 (P =	0.05), l ²	= 67.59	6		ravours control ravours experiment
Fotal (95% CI) Heterogeneity: Tau² = Fest for overall effect: Fest for subgroup diffe	Z = 3.26	(P = 0.0)	2, df = 01)	`	, ,	$I^2 = 95$	%	0.93 [0.37, 1.49] -	-2 -1 0 1 2 Favours control Favours exper

Fig. DS7 Funnel plot of main depression analysis. [AQ14 Please note forest plot has been altered to funnel plot – as detailed in text (and another heading that is no longer being included) – please confirm this is correct.] This is correct.

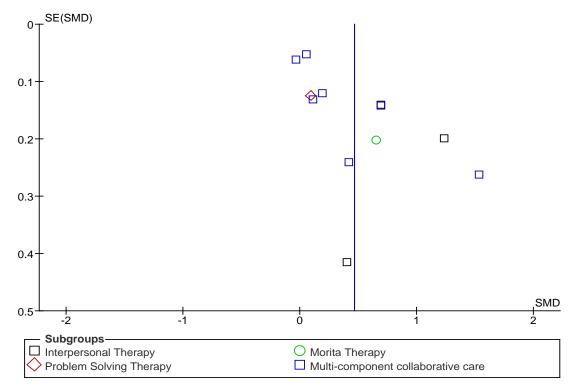
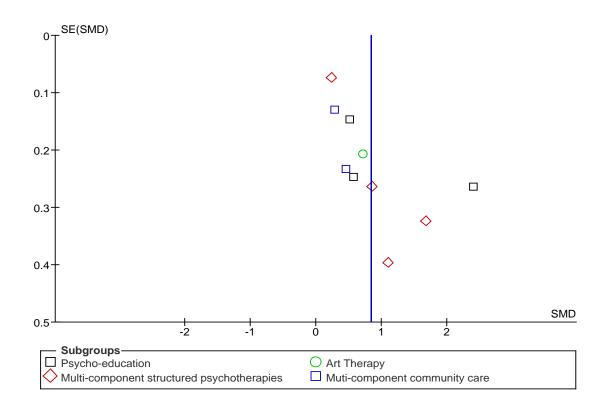


Fig. DS8 Funnel plot of main schizophrenia analysis. [AQ15 Please note forest plot has been altered to funnel plot – as detailed in text (and another heading that is no longer being included) – please confirm this is correct.] This is correct.



Online supplement

- 1. exp Developing Countries/
- 2. (algeria or egypt or libya or morocco or tunisia or cameroon or central african republic or chad or congo or "democratic republic of the congo" or equatorial guinea or gabon or burundi or djibouti or eritrea or ethiopia or kenya or rwanda or somalia or sudan or tanzania or uganda or angola or botswana or lesotho or malawi or mozambique or namibia or south africa or swaziland or zambia or zimbabwe or benin or burkina faso or cote d'ivoire or gambia or ghana or guinea or guinea-bissau or liberia or mali or mauritania or niger or nigeria or senegal or sierra leone or togo or antigua or bahamas or barbados or cuba or dominica or dominican republic or grenada or guadeloupe or haiti or jamaica or martinique or netherlands antilles or puerto rico or "saint kitts and nevis" or saint lucia or "saint vincent and the grenadines" or "trinidad and tobago" or "virgin islands of the united states" or belize or costa rica or el salvador or guatemala or honduras or nicaragua or panama or latin america or argentina or bolivia or brazil or chile or colombia or ecuador or french guiana or guyana or paraguay or peru or suriname or uruguay or venezuela or kazakhstan or kyrgyzstan or tajikistan or turkmenistan or uzbekistan or borneo or brunei or cambodia or east timor or indonesia or laos or malaysia or mekong valley or myanmar or philippines or singapore or thailand or vietnam or bangladesh or bhutan or india or afghanistan or bahrain or iran or iraq or israel or jordan or kuwait or lebanon or oman or gatar or saudi arabia or syria or turkey or united arab emirates or yemen or nepal or pakistan or sri lanka or china or korea or macao or mongolia or azores or bermuda or falkland islands or comoros or madagascar or mauritius or reunion or seychelles or fiji or new caledonia or papua new guinea or vanuatu or guam or palau or hawaii or pitcairn island or samoa or tonga). ab,ti.
- 3.1 or 2
- 4. exp Mental disorders/
- 5. (mental* adj2 (health or ill* or disorder* or disab*)).ab,ti.
- 6. ((or (psychotic or mood or affective or obsessive?compulsive or panic or stress or child?behavio?r or child?mental or common mental)) adj2 disorder*).ab,ti.
- 7. (psychiatric or psychiatry or psycholog* or neurotic or neurosis or neuroses or depress* or anxiet* or anxious or schizophreni* or schizotyp* or psychos* or mania or manic or delusion* OCD or phobia* or phobic or somatic or somatoform or suicid* or dement* or Alzheimer* or epilep*).ab,ti.
- 8. ((substance or drug* or alcohol) adj3 (use* or misuse or abus*)).ab,ti.
- 9. 4 or 5 or 6 or 7 or 8
- 10. 3 and 9
- 11. social function* or functional status or patient function* or personal function* .ti.ab.
- 12. 10 and 11
- 13. randomized controlled trial.pt.
- 14. controlled clinical trial.pt.
- 15. randomized.ab.
- 16. placebo.ab.
- 17. drug therapy.fs.
- 18. randomly.ab.
- 19. trial.ab.
- 20. groups.ab.
- 21. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8

- 22. animals.sh. not (humans.sh. and animals.sh.)
- 23. 21 not 22
- 24. 12 and 23