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					
Psychotherapy					
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-social interventions					
Dennis 2007[65]	Psychosocial interventions vs. Various	10	2	Mixed results (data not conclusive)	N
Reviews of psychosocial interventions for psychosis					
Psychotherapy					
Xia 2011[66]	Psycho-education vs. standard levels of knowledge provision	44	9	Significant positive associations.	Y
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.	Y
He 2007[70]	Morita Therapy vs. Standard care	12	2	Significant positive association.	Y

Psycho-social 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
Tungpunkom 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	Y
Ruddy 2005[75]	Art therapy vs. Standard care and psychosocial intervention	2	2	Not significant	N
Collaborative care models					
Kisely 2011[76]	Community-outpatient care vs. standard care	2	2	Not significant	Y
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)	Y
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

						Social functioning domains measured by the scale								
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				X					
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		X	X	X	X	X	X		
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				X	X		X		X
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	X		X	X		X	X	X	

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				X	X	X	X	X	X
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				X	X	X	X	X	X
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	X	X	X		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			X	X	X	X	X	X	X
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	X	X	X	X	X	X	X		
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			X	X	X	X	X	X	

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

2006[20] **China**	60 patients who were inpatients of a psychiatric hospital between Aug 2004 and May 2005 who met the DSM-IV criteria for depression with an HAMD score of more than 17 and a CRS score of more than 10.	Int: 60 patients randomized to receive **group Interpersonal psychotherapy for 12 weeks** and **anti-depressants** Ctrl: 60 patients randomized to receive **anti-depressants**	**Schedule (SDSS)** Assessed after the 12-week intervention, **3 months** * from baseline.	Alloc conceal **U** Partic. blind **L** Outcome blind **U** Incomplete out **H** Select report. **L** Other **U**	Significantly greater improvement in the intervention group in social functioning after treatment than in the control group (social functioning in both groups improved).		
Problem solving therapy therapy							
Patel 2003[21] **India**	Individual RCT 450 adults who scored 15 or more on the Revised Clinical Interview Schedule (CISR) identified through outpatient clinics in 2 general hospitals	**Therapy vs. Placebo** Int 2: 150 patients randomized to **problem solving therapy** - 6 sessions delivered by a non-medical health worker over 3 months Ctrl: 150 patients randomized to 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.	Disability measured with **Brief Disability Questionnaire (BDQ)** Assessed 2, **6 months*** and 12 months from baseline.	Sequence gen L Alloc conceal L Partic. blind L Outcome blind L Incomplete out L Select report. L Other L	**No association** No significant differences in functioning at any time point between the placebo and therapy groups.	No	Yes
OTHER INTERVENTIONS							
Morita therapy							
Wei 2005[22]	Individual RCT	**Non-conventional treatment + drug vs. drug**	**Social Disability Screening Schedule** (SDSS)	Sequence gen L Alloc conceal U	**Positive association**	Yes	Yes

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

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

Vitriol 2009[26] Chile	Individual RCT 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.	**Multi-component intervention vs. 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**.	Social role functioning subscale 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	Sequence gen: U Alloc conceal: U Partic. blind: L Outcome blind: L Incomplete out: L Select report.: L Other: L	**Borderline association** No significant difference in social functioning scores between the control and intervention groups at 3 months. Borderline significantly better functioning in the intervention compared to the control group at 6 months.	Yes	Yes
Fritsch Chile[27] 2007	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.	**Multi-component intervention vs. TaU** Int: 175 received **pharmacological 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 psychological therapy.	Social functioning subscale of the **SF-36** Assessed 3 and **6 months*** from baseline.	Sequence gen: L Alloc conceal: L Partic. blind: L Outcome blind: L Incomplete out: U Select report.: L Other: U	**Borderline association** The intervention group had borderline statistically significant better social functioning scores than the control group at 3 months, with borderline non-significantly better functioning at 6 months.	Yes	Yes

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

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

	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 **H** Alloc conceal **H** Partic. blind **L** Outcome blind **U** Incomplete out **L** Select report. **L** Other **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 psycho-education							
Wei 1997[35] **China**	Individual RCT 100 inpatients in a psychiatric hospital who met CCMD-2 criteria for schizophrenia with positive symptoms	**Patient psycho-education vs. TaU** Int: 50 patients randomized to receive 4 weeks of **psycho-education** about independent living, family relationships, social relationships and knowledge	**Social Disability Screening Schedule (SDSS)** Assessed **1 year and 1 month*** post-baseline.	Sequence gen **U** Alloc conceal **U** Partic. blind **L** Outcome blind **U** Incomplete out **H** Select report. **L** Other **U**	**Positive association** Significant improvements in social functioning in intervention group after the treatment and at 1-	Yes	Yes

	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 Skills 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.	**Therapy vs. TaU** Int: 50 patients randomized to receive **12-week group social skills training course** and **stable anti-psychotic 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.	Sequence gen **L** Alloc conceal **U** Partic. blind **L** Outcome blind **L** Incomplete out **H** Select report. **H** Other **U**	**Positive association** Significantly greater improvement in social functioning in intervention compared to control group after the intervention.	Yes	No Mean scores not reported
Multi-component structured psychotherapy							
Chen 2003[36] **China**	Individual RCT 64 patients who were inpatients in a psychiatric hospital between Jul 2001 and	**Therapy vs. TaU** Int: 32 patients randomized to receive **10-weekly session of psycho-education and social skills training** plus their usual **anti-**	**Social Disability Screening Schedule (SDSS)** Assessed **1 year 10 weeks*** from baseline.	Sequence gen **L** Alloc conceal **U** Partic. blind **L** Outcome blind **L** Incomplete out **L** Select report. **H**	**Positive association** Significantly greater improvement in social functioning in the intervention group than	Yes	Yes

	Apr 2002, met the ICD-10 and/or CCMD-3 criteria for schizophrenia, living with at least one guardian.	**psychotic medication.** Ctrl: 32 patients randomized to receive their usual **anti-psychotic medication.**		Other **U**	the control group.		
Guo 2010[37] China	Individual RCT 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	**Psycho-education vs. TaU** 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).	Chinese version of the **Global Assessment Scale (GAS)** **A**ssessed at 6 and **12 months*** from baseline.	Sequence gen U Alloc conceal U Partic. blind L Outcome blind L Incomplete out H Select report. L Other U	**Positive association** Significantly greater improvement in functioning scores over time in intervention group compared to controls.	Yes	Yes
Yildiz 2004[38] Turkey	Individual RCT 30 clinically stable adults with DSM-IV schizophrenia were recruited from 2 hospital outpatient clinics	**Therapy vs. TaU** Int: 15 patients randomised to receive weekly sessions in **an 8 month psychosocial skills training** program including **psycho-education, 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 H Alloc conceal H Partic. blind L Outcome blind H Incomplete out L Select report. L Other H	**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 2007[39] **Brazil**	Individual RCT. 56 adults with schizophrenia or schizoaffective disorder (ICD-10 criteria) identified through an outpatient program of a general hospital.	**Therapy vs. TaU** Int: 20 patients randomized to receive 12 weekly sessions of **group Integrated Psychological Therapy (IPT)**, designed to reduce basic cognitive defects in patients with schizophrenia and including **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).	**Social and Occupational Functioning Assessment Scale (SOFAS)**. Assessed post-intervention at **3 months*** from baseline.	Sequence gen **L** Alloc conceal **U** Partic. blind **L** Outcome blind **L** Incomplete out **H** Select report. **L** Other **H**	**Positive association** Significantly greater improvements in GAF and SOFAS mean scores in intervention group compared to controls.	Yes	Yes
OTHER INTERVENTIONS							
Art Therapy							
Meng 2005[40] **China**	Individual RCT 100 patients who were inpatients admitted for compulsory treatment for least 2 months in a psychiatric hospital between Mar-Sep 2003,	**Art therapy vs. TaU** Int: 50 patients randomized to receive **art therapy (twice a week for 15 weeks in groups of 6-8)** plus **regular therapy** Ctrl: 50 patients randomized to	Chinese version of the **Global Assessment Scale (GAS)** Assessed after the intervention, **4 months*** from baseline.	Sequence gen **U** Alloc conceal **U** Partic. blind **L** Outcome blind **U** Incomplete out **L** Select report. **L** Other **L**	**Positive association** Significant improvements in social functioning in intervention group compared with control group	Yes	Yes

	and met ICD-10 criteria for schizophrenia	receive **regular therapy (except art)**					
MULTI-COMPONENT COMMUNITY-BASED 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 **H** Alloc conceal **H** Partic. blind **L** Outcome blind **U** Incomplete out **H** Select report. **H** Other **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 **H** Alloc conceal **U** Partic. blind **L** Outcome blind **U** Incomplete out **H** Select report. **H** Other **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 1994[32] **China**	Individual RCT. 63 patients admitted to hospital diagnosed with schizophrenia (DSM-lll-R) and living with at least one family member.	**Community care intervention vs. TaU** Int: 34 randomised to receive an individualised **family-based multi-component intervention** lasting 1 to 2 years including monthly 45 minute family counselling sessions and 90 minute family group sessions, home visits and medication supervision, followed by maintenance treatment. Ctrl: 29 randomised to receive **standard outpatient treatment** including usual medication.	**Social Disability Screening Schedule (SDSS)** **A**ssessed 6, **12 months*** and 18 months post-baseline.	Sequence gen **U** Alloc conceal **U** Partic. blind **L** Outcome blind **L** Incomplete out **L** Select report. **H** Other **H**	**Positive association** At the 6, 12, and 18-month evaluations, intervention group had better social functioning scores than control group, but this was only significant at 12 and 18 months (no statistics reported).	Yes	No. No data in paper

Risk of bias rating:

Low risk of bias Unclear High risk of bias

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86 Von Korff, M., et al., *Self-report disability in an international primary care study of psychological illness.* Journal of Clinical Epidemiology, 1996. **49**(3): p. 297-303.

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

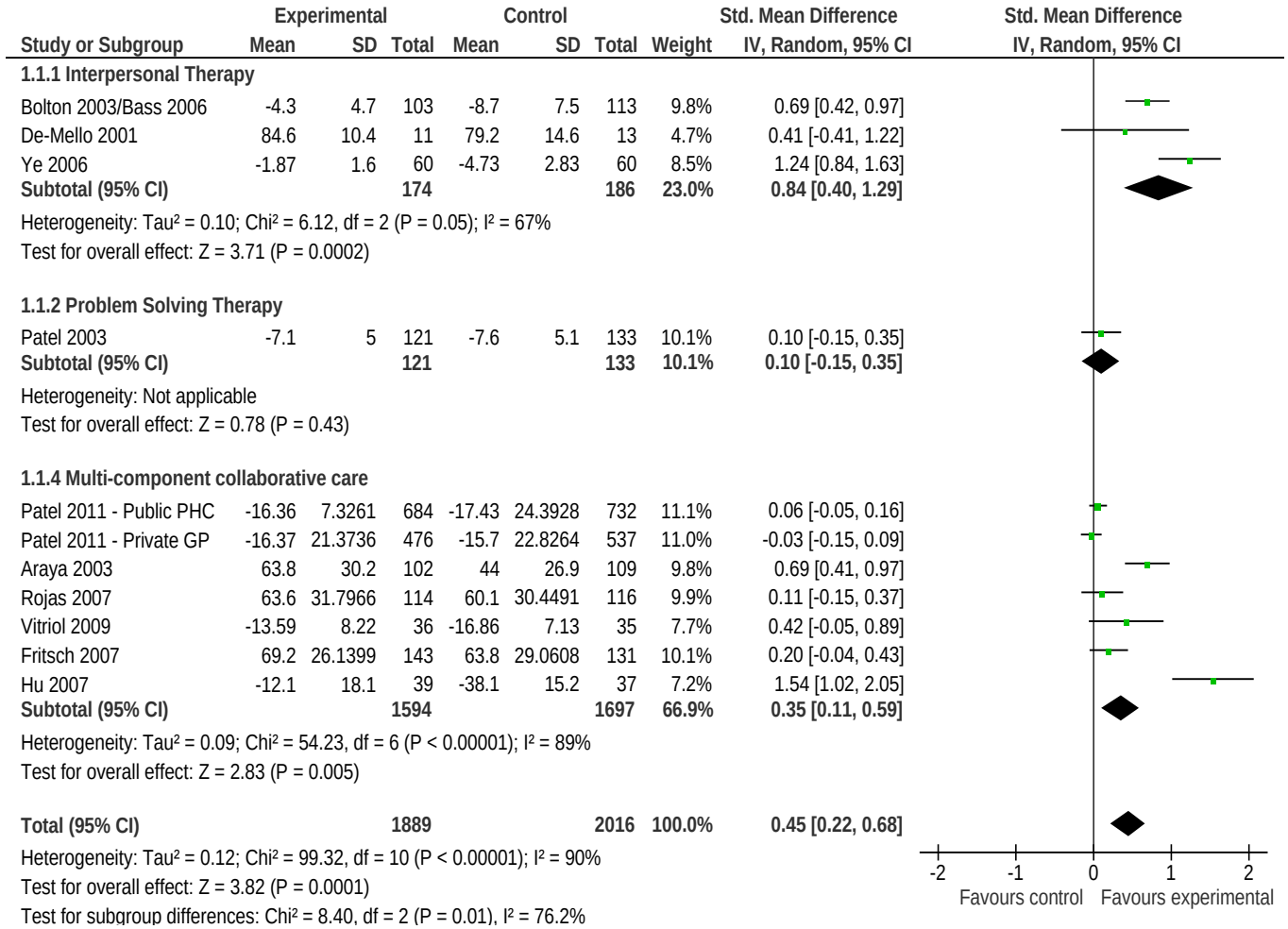


Fig. DS2 Sensitivity analyses for depression studies: Short-term follow-up (<6 months)

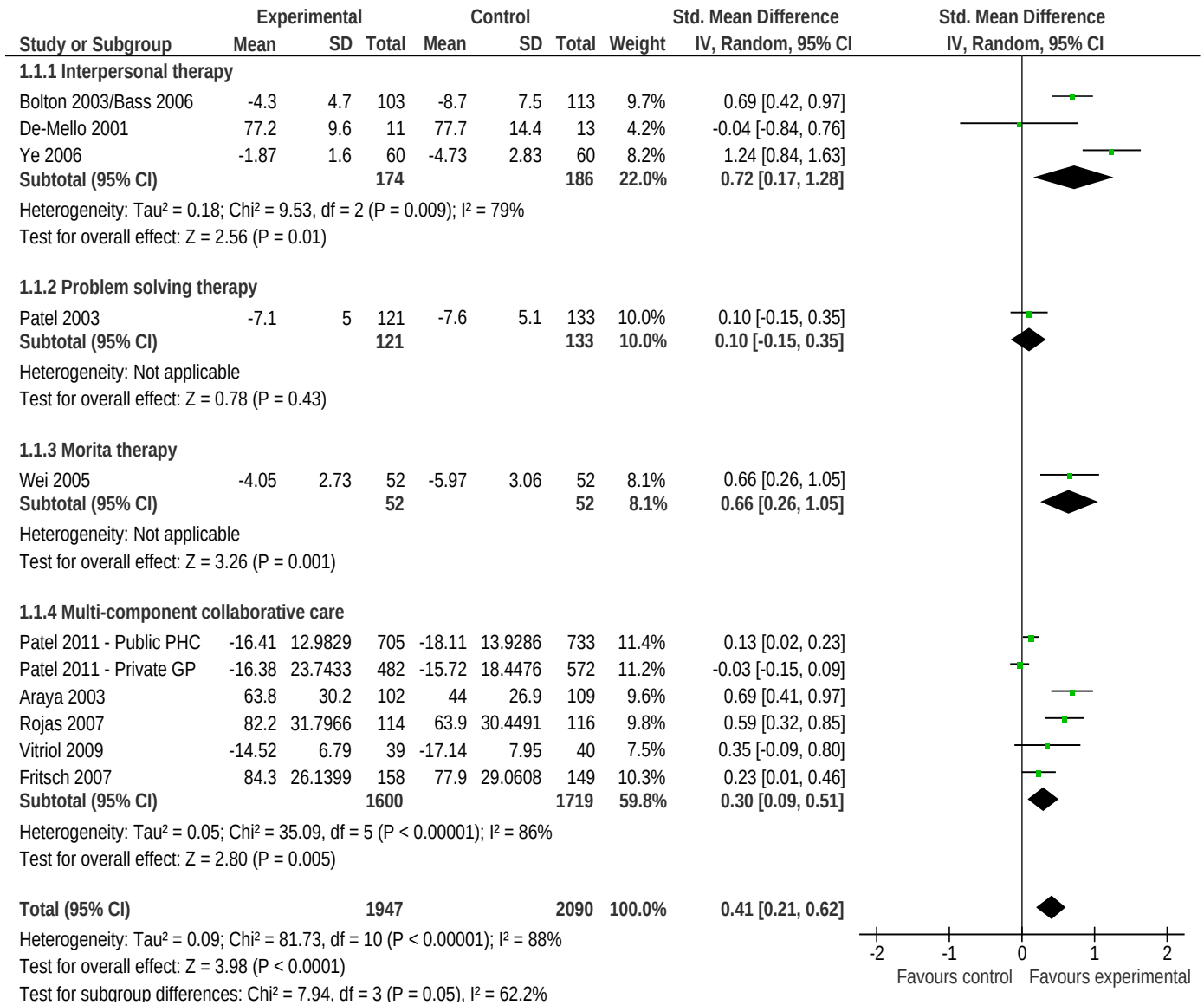


Fig. DS3 Sensitivity analyses for depression studies: long- term follow-up (>6 months)

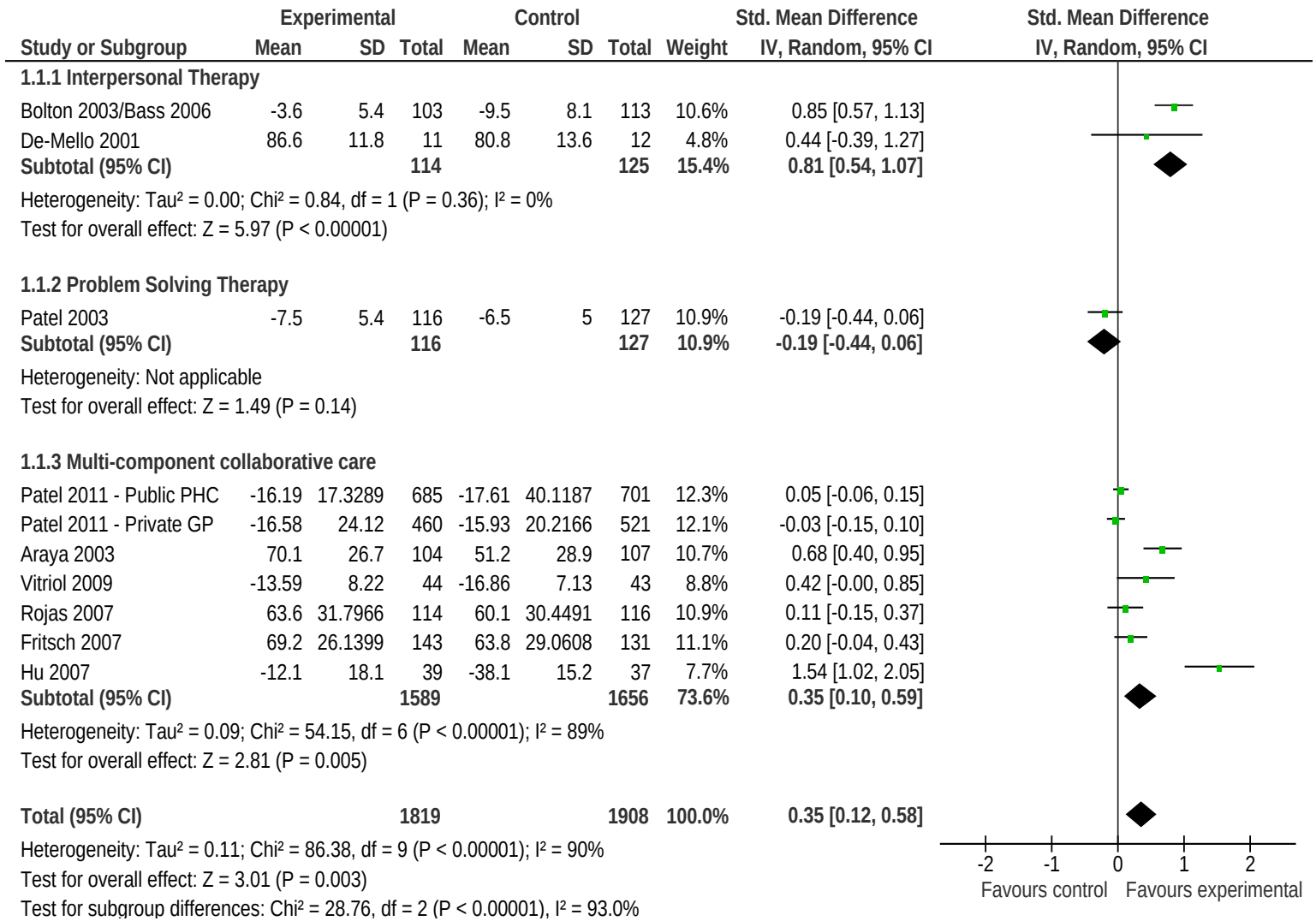


Fig. DS4 Sensitivity analyses for schizophrenia studies: high-quality studies only

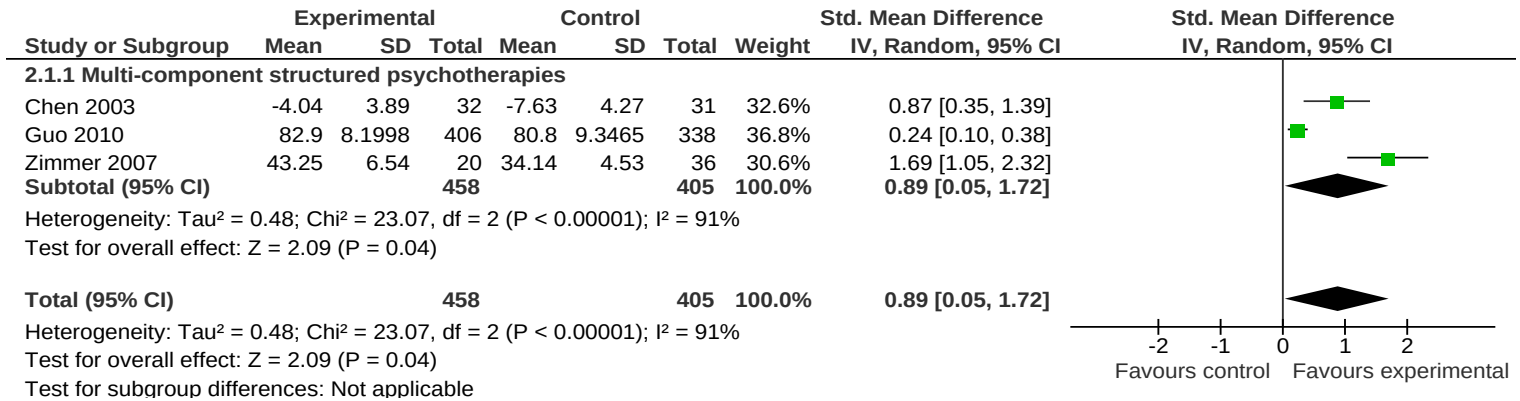


Fig. DS5 Sensitivity analysis for schizophrenia studies: short-term follow-up (<12m)

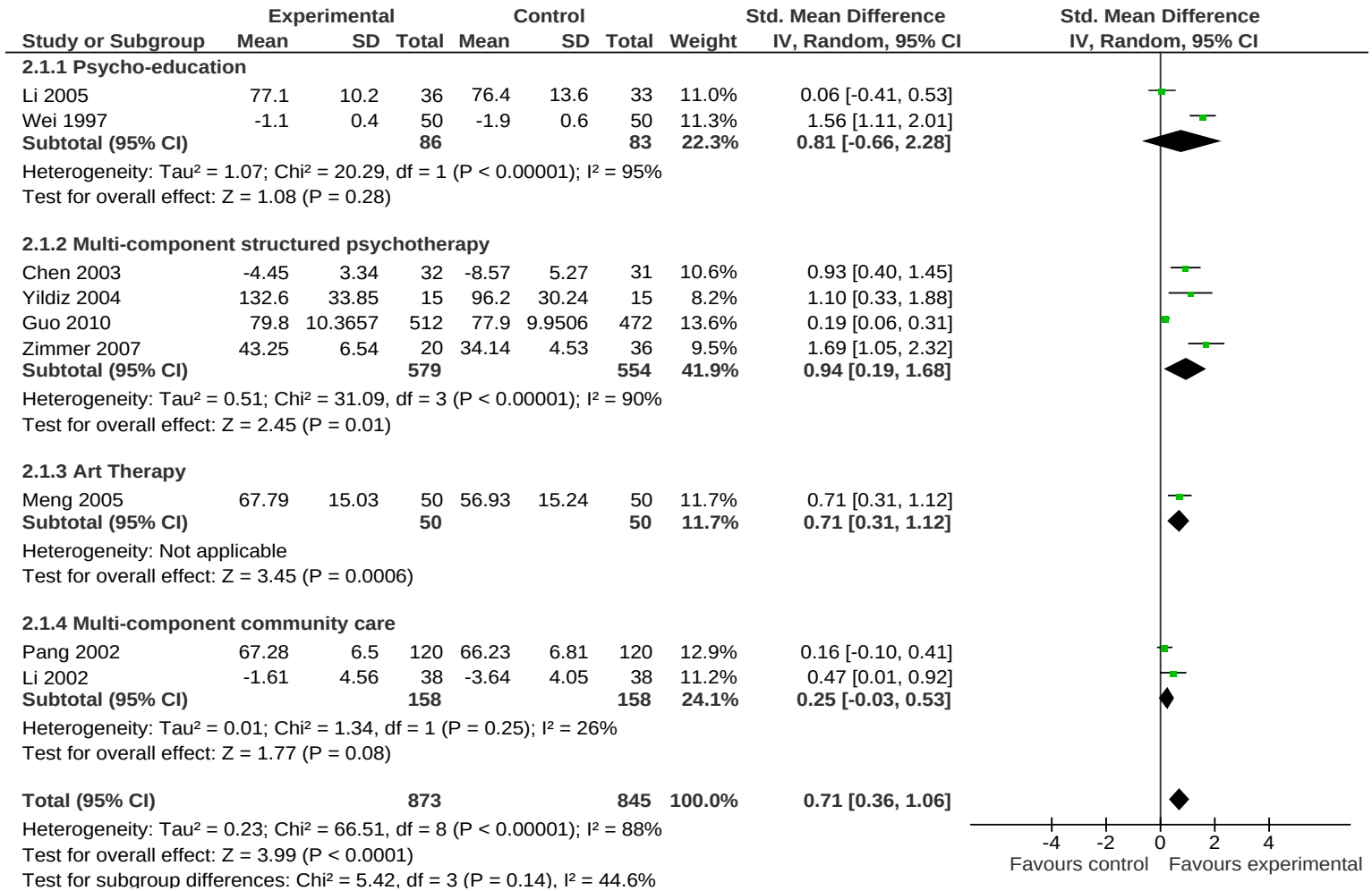


Fig. DS6 Sensitivity analysis for schizophrenia studies: long-term follow-up (>12m)

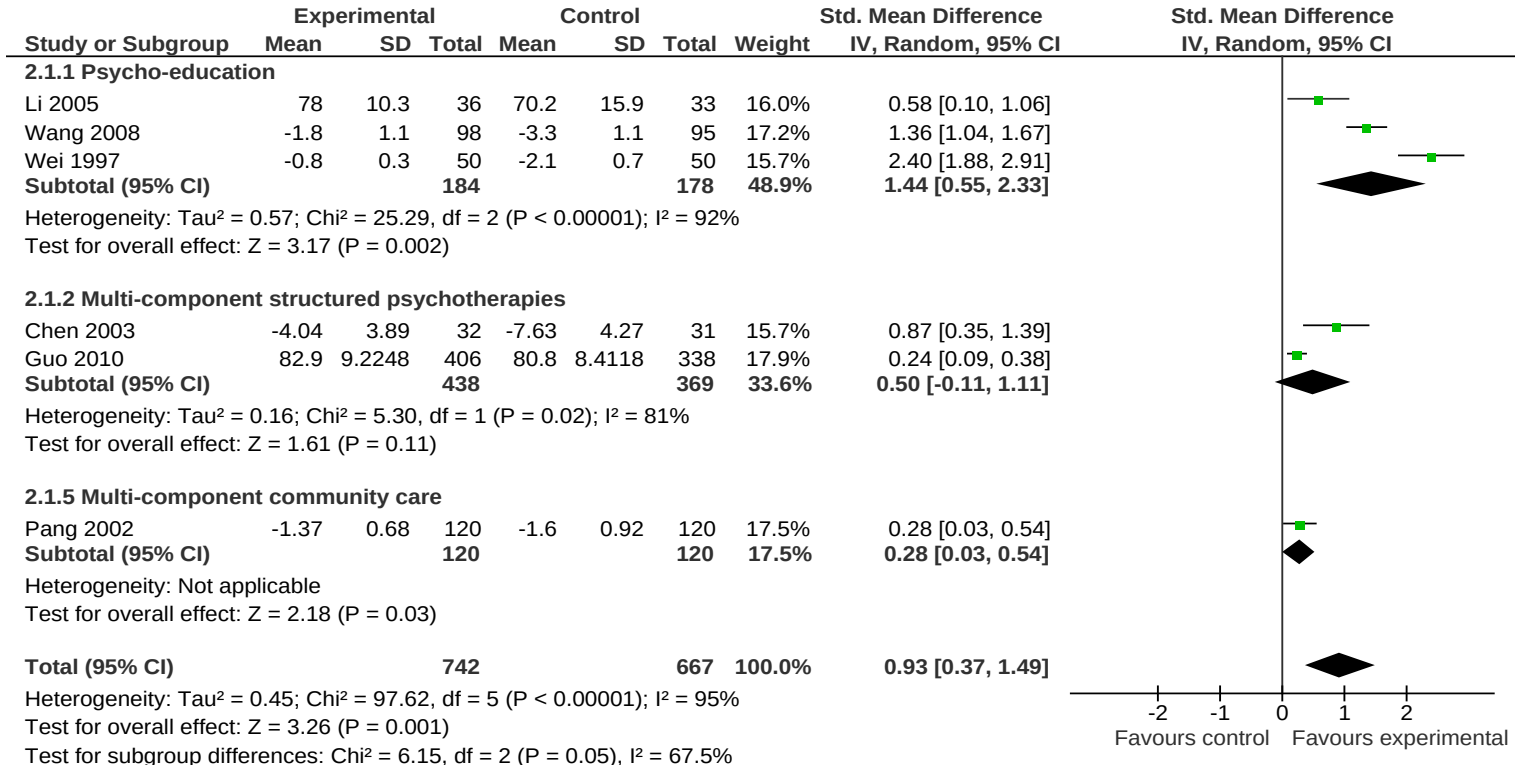


Fig. DS7 Funnel plot of main depression analysis. [AQ14 Please note forest plot has been altered to funnel plot – as detailed in text (and another heading that is no longer being included) – please confirm this is correct.] This is correct.

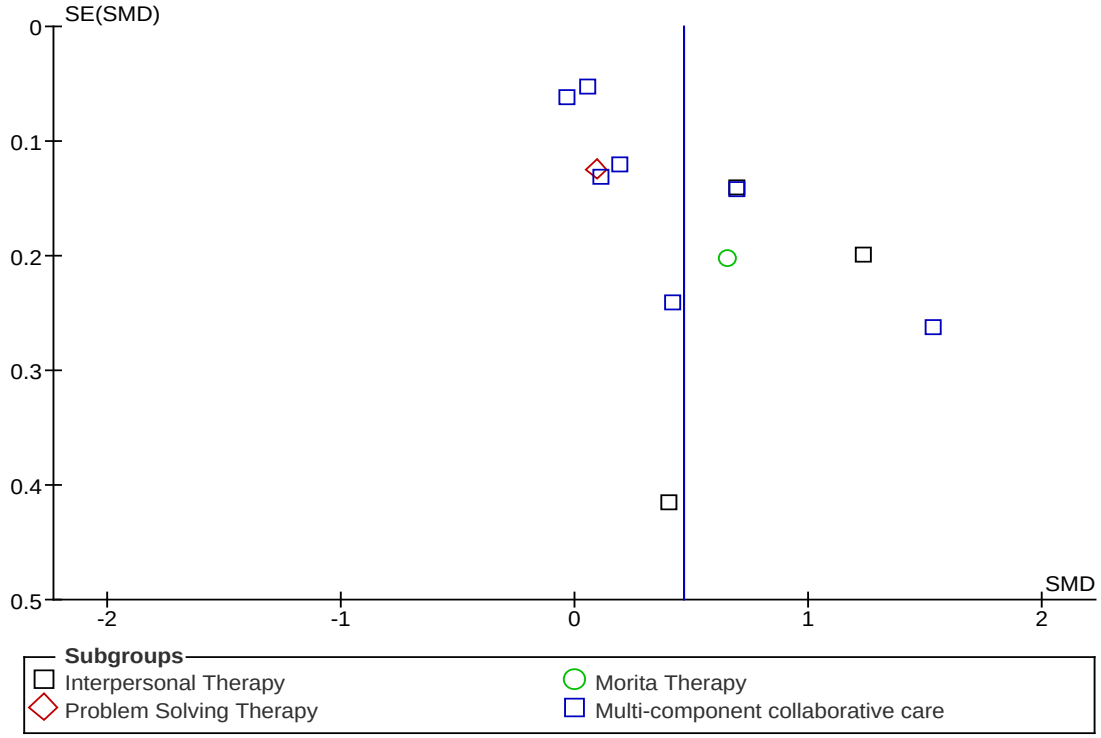
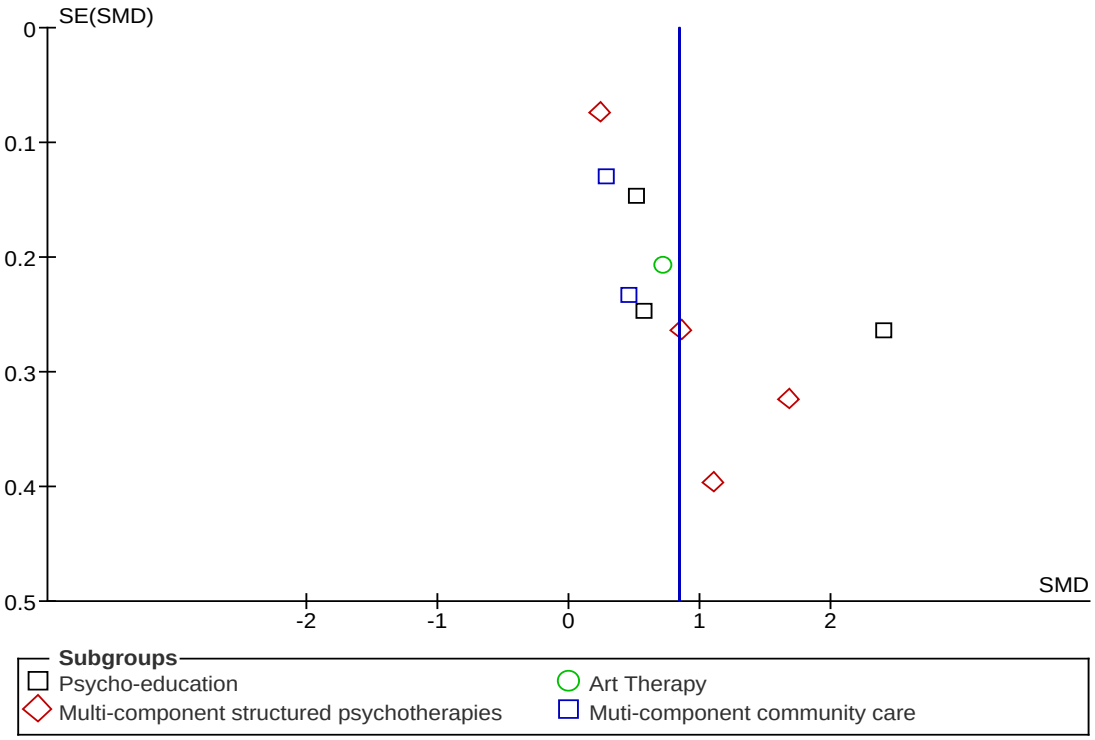


Fig. DS8 Funnel plot of main schizophrenia analysis. [AQ15 Please note forest plot has been altered to funnel plot – as detailed in text (and another heading that is no longer being included) – please confirm this is correct.] This is correct.



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 qatar 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