

# Best Evidence Summaries of Topics in Mental Healthcare

## **BEST** *in* **MH** *clinical question-answering service*

### **Question**

In adults of working age with severe and enduring mental health difficulties, how effective are community rehabilitation programmes (particularly gardening or cooking) in terms of their morbidity and in helping them find work?

### **Clarification of question using PICO structure (PICTRO for diagnostic questions)**

*Patients:* Adults of working age with severe and enduring mental health difficulties

*Intervention:* Community rehabilitation programmes

*Comparator:* Treatment as usual

*Outcome:* Improved patient outcomes and improved chances of finding work.

### **Clinical and research implications**

The studies included in this evidence summary assessed a very limited number of intervention types. There was insufficient evidence to support the effectiveness of life skills training programmes, on life skills or other outcomes, in people with psychotic illness. A very small pilot study failed to provide sufficient evidence to support the effectiveness of the Action Over Inertia occupational therapy intervention in improving occupational balance and engagement in people with serious mental illness. One large RCT, of moderate to poor methodological quality, provided some evidence that supported employment models with high levels of integration of psychiatric and vocational services can be effective in improving employment outcomes for people with in people with severe and persistent mental illness.

Further research is needed to establish the effectiveness of these and other community rehabilitation interventions.

### **What does the evidence say?**

*Number of included studies/reviews (number of participants)*

We identified one systematic review<sup>1</sup> and three randomised controlled trials (RCTs),<sup>2,3,4</sup> which met the inclusion criteria for this evidence summary. The systematic review included seven RCTs or quasi RCTs, of which six compared a community rehabilitation programme (life skills training) with a usual care condition.<sup>1</sup> One further RCT compared a life skills training programme with a formal psychosocial occupational therapy programme, which may not be representative of usual care.<sup>2</sup> Most participants in both the systematic review and the additional RCT had schizophrenia,

schizophrenia-like illness or psychosis.<sup>1,2</sup> Outcomes reported were measures of life skills,<sup>1,2</sup> mental state,<sup>2</sup> general functioning<sup>1</sup> and quality of life.<sup>1</sup> One RCT assessed the effectiveness of supported employment models in achieving employment outcomes in people with severe and persistent mental illness.<sup>3</sup> The final RCT was a pilot study assessing the effectiveness of the Action Over Inertia programme, delivered by occupational therapists, in changing occupational balance and engagement in community dwelling adults with serious mental illness.<sup>4</sup>

### *Main Findings*

The systematic review found no evidence to support the effectiveness of skills training on life skills outcomes: one very small study found no significant effect on acquisition of specific skill, two further studies found a significant difference in favour of the control group on the Nurses' Observation Scale for Inpatient Evaluation (NOSIE) at 12 to 16 weeks (pooled mean difference 16.77 (95% CI: 10.56 to 22.99)).<sup>1</sup> Four studies in the systematic review assessed one or more mental state outcomes; one study reported a significant reduction in Scale for the Assessment of Negative Symptoms (SANS) associated with the skills training group (mean difference -15.82 (95% CI: -23.01 to -8.63), all other studies and comparisons found no significant difference between the intervention and control groups.<sup>1</sup> One study in the systematic review assessed a general functioning outcome and reported a difference on the Scale of Social-skills for Psychiatric Inpatients (SSPI), in favour of the treatment group ( mean difference -4.33 (95% CI: -5.23 to -3.43)).<sup>1</sup> The two studies in the systematic review which reported quality of life data provided no evidence to support an effect of life skills training on quality of life.<sup>1</sup> The additional small RCT of life skills training compared with psychosocial occupational therapy found that life skills training was associated with a significantly greater improvement on the Independent Living Skills Survey, over the two year study period.<sup>2</sup> A large RCT found that supported employment models, with high levels of integration of psychiatric and vocational services, produced significantly better employment outcomes in people with severe and persistent mental illness than models with low levels of service integration (55% versus 34% achieving competitive employment).<sup>3</sup> The final RCT was a very small pilot study of the Action Over Inertia (AOI) intervention delivered by occupational therapists; the study reported a significant decrease in time spent sleeping associated with the intervention but no significant effects on time spent in other activity categories or on occupational engagement.<sup>4</sup>

### *Authors Conclusions*

The systematic review and additional RCT drew inconsistent conclusions with respect to life skills training programmes; the systematic review concluded that there is currently no good evidence to suggest life skills programmes are effective for people with chronic mental illnesses,<sup>1</sup> whereas the additional RCT concluded that life skills training is more effective than psychosocial occupational therapy.<sup>2</sup> One large RCT concluded that supported employment models with high levels of integration of psychiatric and vocational services were more effective than models with low levels of service integration.<sup>3</sup> Finally, a very small pilot study of the Action Over Inertia occupational therapy intervention concluded that the intervention had shown evidence of efficacy and clinical utility.<sup>4</sup>

### *Reliability of conclusions/Strength of evidence*

One Cochrane systematic review of moderate quality and one additional, poor quality RCT provided inconsistent evidence on the effectiveness of life skills training, in adults with schizophrenia or psychosis, for improving life skills, mental state, general functioning and quality of life; no firm conclusions can be drawn from these studies.<sup>1,2</sup> One large RCT, of moderate to poor methodological quality provided some evidence that supported employment models with high levels of integration

of psychiatric and vocational services can be effective in improving employment outcomes for people with severe and persistent mental illness.<sup>3</sup> A very small pilot study of the Action Over Inertia occupational therapy intervention indicated a possible effect in reducing time spent sleeping but no evidence of any significant effect of time spent in any other occupational state or on occupational engagement; the authors' conclusions therefore appear optimistic.<sup>4</sup>

### **What do guidelines say?**

No relevant guidelines were identified.

**Date question received:** 15/03/2013

**Date searches conducted:** 18/03/2013

**Date answer completed:** 15/04/2013

### **References**

#### **Systematic Reviews:**

1. Tungpunkom P, Maayan N, Soares-Weiser K. (2012) Life skills programmes for chronic mental illnesses. *Cochrane Database of Systematic Reviews*. Issue 1.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000381.pub3/pdf>

2. Liberman, R., Wallace, P., Blackwell, C.J., Kopelowicz, G., Vaccaro, J.V. and Mintz, J. (1998) Skills training versus psychosocial occupational therapy for persons with persistent schizophrenia *The American Journal of Psychiatry* 155 (8) pp. 1087 – 1091.

#### **RCT's:**

3. Cook, J., A., Lehman, A.F., Drake, R., McFarlane, W.R., Gold, P., Leff, H.S., Blyler, C., Toprac, M.C., Razzano, L.A., Burke-Miller, J.K., Blankertz, L., Shaper, M., Pickett-Schenk, S.A. and Grey, D.D. (2005). Integration of Psychiatric and Vocational Services: A Multi-site Randomized Control Trial of Supported Employment. *The American Journal of Psychiatry* 162 (10) pp. 1948 – 1956

4. Edgelow, M. & Krupa, T. (2011). Randomized controlled pilot study of an occupational time-use intervention for people with serious mental illness. *American Journal of Occupational Therapy* 65, pp. 267–276.

## Results

### Systematic Reviews

Author (year)	Search Date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Tungpunkom et al. (2012)	06/2010	This review included RCTs or quasi RCTs conducted in adults (aged 18-60) with chronic mental illnesses diagnosed by any criteria. Trials involving people with dementia, alcoholism, serious suicidal risk, and organic brain syndrome were excluded. Included studies had to compare life skills programmes (individual or group programmes involving independent functioning in daily living) with standard care, or a support group. Primary outcomes were life skills, relapse and mental state. Secondary outcomes included measures of life skills, global state, service outcomes, mental state, general functioning, behaviour, adverse events, engagement with services,	7 RCTs (n = 483) One study (n = 158) compared a life skills programme with an attention control intervention. The remaining 6 studies (n = 325) all met the criteria for inclusion in this evidence summary, i.e. compared life skills programmes with usual care.	<p>Six of the seven trials included in this review were relevant to this evidence summary (compared a community rehabilitation intervention with a usual care condition).</p> <p>Most participants in the six relevant trials had diagnoses of schizophrenia or schizophrenia-like disorders. One study included only men and two included only women; the remainder were mixed. Where reported, the mean age of participants was between 32 and 45 years. Five of the six relevant studies were conducted in inpatient settings and one was conducted in a day hospital.</p> <p>The content of the life skills programmes evaluated varied; areas covered included daily living skills training, social skills, recreational activities and behaviour management.</p> <p>Life skills (three studies): One study (n = 10) found no significant</p>	<p>Inclusion criteria were clearly reported.</p> <p>This review is an up-date of a previous Cochrane review. The search strategy reported for the original review included a number of relevant sources, however, up-date searches appear to have been limited to the</p>

		<p>satisfaction with treatment, quality of life and economic outcomes.</p>		<p>differences in acquisition of specific skills (household activity skills, kitchen skills, laundry skills and self-care) between the intervention and control groups.</p> <p>Two further studies (n = 205) assessed the Nurses' Observation Scale for Inpatient Evaluation (NOSIE) endpoint score at 12 to 16 weeks and found a significant difference in favour of the control group; pooled mean difference 16.77 (95% CI: 10.56 to 22.99). One of these studies (n = 32) also found no significant difference between the intervention and control groups in the UCSD Performance-based Skills Assessment (UPSA) endpoint score at 24 weeks.</p> <p>Mental state (four studies): Four studies (n = 260) reported measures of mental state. Studies measured a variety of outcomes including positive symptoms, negative symptoms, psychopathology and depression. Three studies reported endpoint data and one reported average change. One study (n = 120) found a significant decrease in negative symptoms, measured using the Scale for the Assessment of Negative Symptoms (SANS), in the intervention group compared with the control (mean difference -15.82 (95% CI: -23.01 to -8.63). All other studies and comparisons found no significant</p>	<p>Cochrane Schizophrenia Group Trials Register.</p> <p>The risk of bias for included studies was assessed using standard Cochrane criteria and the results were reported in full.</p> <p>The data extraction and risk of bias assessments included measures to minimise error and bias. However,</p>
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				<p>difference between the intervention and control groups.</p> <p>General functioning (one study): One study (n = 80) reported a significant difference, on the Scale of Social-skills for Psychiatric Inpatients (SSPI), in favour of the treatment group; mean difference -4.33 (95% CI: -5.23 to -3.43).</p> <p>Quality of life (two studies): Two studies (n = 152) reported quality of life outcomes. One study (n = 32) reported no significant difference in well being after 24 weeks, between the intervention and control groups. The second study (n = 120) did not report sufficient data to enable between group comparison.</p>	<p>inclusion assessment of new studies identified in the up-date review was done by a single researcher, with checking of a small (10%) sample.</p> <p>Meta-analytic techniques, where used, were broadly appropriate.</p>
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#### RCTs/DTAs

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Liberman et al. (1998)	<p>Participants: Male outpatients with persistent and unremitting forms of schizophrenia.</p> <p>Intervention: Psychosocial occupational therapy</p>	N = 84.	<p>This study partially meets the criteria for inclusion in this evidence summary; it compares a skills training programme, with a formal psychosocial occupational therapy programme (unlikely to be representative of usual care).</p> <p>Most study participants were never married, were living in</p>	<p>Randomisation was described as “cohorts of 10-12 outpatients”; no further</p>

	<p>comprising of expressive, artistic and recreational activities that mediated supportive therapy.</p> <p>Comparator: Social skills training</p> <p>Outcomes: Change in independent living skills incl. job seeking and maintenance skills.</p>		<p>community based care homes and had one or more persistent psychotic symptoms. There were no significant differences, between the two treatment groups, in chlorpromazine equivalents of antipsychotic drugs prescribed during follow-up. No data were provided on the baseline equivalence of participant characteristics between the two treatment groups.</p> <p>Participants were randomly assigned to receive either a skills training (the four modules of the UCLA Social and Independent Living Skills Programme) or psychosocial occupational therapy (expressive, artistic and recreational activities as individuals or in groups) for 12 hours per week over six months, with a further 18 months follow-up (case management in the community).</p> <p>The primary outcome measure was the Independent Living Skills Survey; the skills training group showed significantly greater improvement over the two year study period than the psychosocial occupational therapy group (treatment effect F ratio 4.68, p = 0.03). There was no significant interaction with time.</p> <p>The skills training group also showed significantly greater improvement than the psychosocial occupational therapy group in the distress factor (I) of the Profile of Adaptation to Life (treatment effect F ratio 5.45, p = 0.02).</p>	<p>details were reported.</p> <p>No details of allocation concealment were reported.</p> <p>The nature of the interventions precluded blinding of participants and personnel delivering the interventions.</p> <p>Psychiatrists prescribing medication were blinded to the intervention group, but it was not clear whether outcome assessments</p>
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				<p>were performed by the same psychiatrists.</p> <p>Full results were not reported for all specified outcomes and it was not clear whether all participants were included in the analyses.</p>
Cook et al. (2005)	<p>Participants: 18 years or older with severe and persistent mental illness, interested in working and able to provide informed consent.</p> <p>Intervention: Various models of supported employment at five sites across America. Each was a form of enhanced best-practice supported employment.</p> <p>Comparator: Services as</p>	N = 1,273	<p>The Employment Intervention Demonstration Program was conducted across eight sites in the U.S.A. Participants met duration, diagnosis and disability criteria for severe and persistent mental illness (federal Centre for Mental Health Services). 1,648 participants were initially randomised; 375 participants were excluded from the analysis because they were employed at baseline, they were part of an excess of participants in one of the comparator group at one site, or no vocational outcome data were available.</p> <p>The experimental sites tested different models of best-practice supported employment compared to various control conditions, which all included some form of employment services. Outcome measures were competitive employment,</p>	<p>No details of randomisation procedures or allocation concealment were reported.</p> <p>The nature of the interventions precluded blinding of participants</p>

	<p>usual or an un-enhanced version of the experimental model. Outcomes: Improved work outcomes; 1) gaining competitive employment and 2) working for 40 hours or more in a single month.</p>		<p>defined as a job paying at least the minimum wage, located in a mainstream socially integrated setting, not reserved for persons with disabilities and held independently (not through an agency), and working for 40 hours or more in a single month.</p> <p>Baseline characteristics: significantly more patients in the intervention than control group had a job in the previous five years, were white/Caucasian, and were Supplemental Security Income beneficiaries. The total hours of vocational services received, prior to the study, was also higher in the intervention group. Just over half of study participants were male, two thirds had high school education and ages ranged from 18 to 76 years. Diagnoses included schizophrenia spectrum disorder, major depression, bipolar disorder, dysthymia or depressive disorder, psychosis, post-traumatic stress disorder.</p> <p>During the study, 55% of participants in the intervention groups achieved competitive employment compared to 34% in the comparator groups (<math>p &lt; 0.001</math>). Similarly 51% of participants in the intervention groups worked for at least 40 hours in at least one month, compared to 39% in the comparator group (<math>p &lt; 0.001</math>). Regression analysis indicated that participants in programmes with high integration of psychiatric and vocational service delivery were twice as likely to gain competitive employment and 1.25 times more likely to work for at least 40 hours in one month than participants in low service integration models; the regression analysis controlled for study site participant demographics,</p>	<p>and personnel delivering the interventions.</p> <p>Outcome measures were objective measures of employment, but details of how these data were obtained were not reported.</p> <p>Approximately 23% of randomised participants were excluded from the analyses.</p> <p>All specified outcomes appear to have been reported and analyses were broadly</p>
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			illness, work history and disability income beneficiary features.	appropriate.
Edgelow and Krupa (2011)	<p>Participants: Community dwelling adults with serious mental illness, living in Canada.</p> <p>Intervention: Action Over Inertia (AOI), an occupational time-use intervention geared toward community-dwelling people with SMI who experience barriers to occupational balance and engagement.</p> <p>Comparator: Standard community treatment.</p> <p>Outcomes: Occupational balance (e.g. time spent sleeping vs. general activity) and occupational engagement.</p>	N = 18	<p>Participants were randomised to receive the AOI programme or assertive community treatment (ACT). One-to-one treatment was delivered once weekly over 12 weeks, by ACT occupational therapists.</p> <p>Two theoretical frameworks underpin the AOI intervention. The first is the Canadian Model of Occupational Performance and Engagement (CMOP-E); under this model the intervention focuses directly on occupation, attends to the broad range of spiritual, personal, and environmental factors that influence occupation and considers both the performance and the experience aspects of occupation. The second theoretical framework is that of recovery; under this framework the workbook provides an approach to collaborating with people living with mental illness to enable their engagement in activities.</p> <p>Time use data were collected in collaboration with participants and therapists using 24 hr diaries. Occupational engagement was measured using the Profiles of Occupational Engagement for People With Schizophrenia (POES) tool; POES is a nine category instrument which ranks each category from 1 (low) to 4 (high), giving a maximum score of 36. Clinical utility was assessed using questionnaires designed for this study.</p> <p>In the control group, time spent sleeping increased during the study by a mean of 22 minutes per day and decreased in</p>	<p>No details of randomisation procedures or allocation concealment were reported.</p> <p>The nature of the interventions precluded blinding of participants and personnel delivering the interventions.</p> <p>It was not clear whether outcomes were assessed blind to treatment group.</p> <p>Six (25%) of participants (2</p>

			<p>the intervention group by a mean of 47 minutes per day (<math>p = 0.05</math>). There were significant differences between the groups with respect to changes in self-care, productivity and leisure time. There were no significant differences between the treatment and control groups on overall POES score, or on any of the nine categories of POES. All ten respondents in the intervention group completed a voluntary “clinical utility” questionnaire; all found the content of the intervention to be helpful and stated that they would recommend it to others. All 5 occupational therapists stated that they would use the AOI intervention and that it had a “good structure” and was a “worthwhile intervention”; some specific suggestions for improvement were made.</p>	<p>in the treatment group and 4 in the control group) did not complete the study and were excluded from analyses.</p> <p>Data appear to have been reported for all specified outcomes.</p>
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### Risk of Bias: SRs

Author (year)	Risk of Bias				
	Inclusion criteria	Searches	Review Process	Quality assessment	Synthesis
Tungpunkom et al. (2012)					

### RCTs

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Lieberman et al. (1998)						
Cook et al. (2005)						
Edgelow and Krupa (2011)						

 Low Risk

 High Risk

 Unclear Risk

### Search Details

Source	Search Strategy	Number of hits	Relevant evidence identified
<b>SRs and Guidelines</b>			
NICE	Occupational therapy "Occupational therapy"	235	0

	"community rehabilitation and mental health"		
DARE	(garden*) IN DARE 27 Delete 2 (cook*) IN DARE 267 Delete 3 (cook*) IN DARE 267 Delete 4 (therapeutic ADJ3 activit*) IN DARE 11 Delete 5 (occupation* ADJ3 therap*) IN DARE 184 Delete 6 (rehab*) IN DARE 1498 Delete 7 (depress*) IN DARE 1741 Delete 8 (anxiet*) IN DARE 1047 Delete 9 (anxious) IN DARE 33 Delete 10 (bipolar) IN DARE 217 Delete 11 (schizo*) IN DARE 552 Delete 12 (psychos*) IN DARE 868 Delete 13 MeSH DESCRIPTOR Activities of Daily Living EXPLODE ALL TREES 285 Delete 14 MeSH DESCRIPTOR Occupational Therapy EXPLODE ALL TREES 70 Delete 15 MeSH DESCRIPTOR Activities of Daily Living EXPLODE ALL TREES 285 Delete 16 MeSH DESCRIPTOR Rehabilitation EXPLODE ALL TREES 1376 Delete 17 MeSH DESCRIPTOR Rehabilitation, Vocational EXPLODE ALL TREES 43 Delete 18 MeSH DESCRIPTOR Bipolar Disorder EXPLODE ALL TREES 129 Delete 19 MeSH DESCRIPTOR Depression EXPLODE ALL TREES 361 Delete 20 MeSH DESCRIPTOR Depressive Disorder EXPLODE ALL TREES 692 Delete 21 MeSH DESCRIPTOR Anxiety EXPLODE ALL TREES 162 Delete 22 MeSH DESCRIPTOR Anxiety Disorders EXPLODE ALL TREES 308 Delete 23 MeSH DESCRIPTOR Schizophrenia EXPLODE ALL TREES 372 Delete 24 MeSH DESCRIPTOR Schizophrenia and Disorders with Psychotic Features EXPLODE ALL TREES 445 Delete 25 MeSH DESCRIPTOR Schizophrenia, Disorganized EXPLODE ALL TREES 0 Delete 26 MeSH DESCRIPTOR Schizophrenia, Paranoid EXPLODE ALL TREES 1 Delete 27 MeSH DESCRIPTOR Psychotic Disorders EXPLODE ALL TREES 117 Delete 28 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #13 OR #14 OR #15 OR #16 OR #17 2822 Delete 29 #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 3735 Delete 30 #28 AND #29	401	1

<b>Primary studies</b>			
CENTRAL	#1 MeSH descriptor: [Community Mental Health Services] explode all trees 583 #2 MeSH descriptor: [Rehabilitation, Vocational] explode all trees 309 #3 MeSH descriptor: [Activities of Daily Living] explode all trees 3347 #4 MeSH descriptor: [Horticultural Therapy] explode all trees 4 #5 MeSH descriptor: [Recreation Therapy] explode all trees 4 #6 MeSH descriptor: [Cooking] this term only 126 #7 Enter terms for search cooking or gardeningcooking or gardening 3149 #8 MeSH descriptor: [Community Psychiatry] explode all trees 11 #9Enter terms for searccommunity treatment10895 #10Enter terms for searccommunity rehabilitation program*1383 #11Enter terms for searc#2 or #3 or #4 or #5 or #6 or #76750 #12Enter terms for searc#1 or #8 or #9 or #1011332 #13Enter terms for searc#11 and #12 720 Central only 355	355	
MEDLINE	32. MEDLINE; COMMUNITY MENTAL HEALTH SERVICES/; 16166 results. 33. MEDLINE; exp REHABILITATION/; 138792 results. 34. MEDLINE; 32 AND 33; 822 results. 37. MEDLINE; ACTIVITIES OF DAILY LIVING/; 46659 results. 38. MEDLINE; HORTICULTURE THERAPY/ OR RECREATION THERAPY/; 26 results. 39. MEDLINE; Gardening.ti,ab; 669 results. 40. MEDLINE; cooking.ti,ab; 7617 results. 41. MEDLINE; 33 OR 35 OR 36 OR 37 OR 38 OR 39 OR 40; 146831 results. 42. MEDLINE; "community rehabilitation program*".ti,ab; 30 results. 43. MEDLINE; "community treatment".ti,ab; 1196 results. 44. MEDLINE; COMMUNITY PSYCHIATRY/; 1559 results. 45. MEDLINE; 32 OR 42 OR 43 OR 44; 17803 results. 46. MEDLINE; 41 AND 45; 889 results. 56. MEDLINE; "randomized controlled trial".pt; 344167 results. 57. MEDLINE; "controlled clinical trial".pt; 85489 results. 58. MEDLINE; randomized.ab; 261879 results. 59. MEDLINE; placebo.ab; 142168 results. 60. MEDLINE; "drug therapy".fs; 1589895 results.	160	

	<p>61. MEDLINE; randomly.ab; 190987 results.</p> <p>62. MEDLINE; trial.ab; 270095 results.</p> <p>63. MEDLINE; groups.ab; 1233446 results.</p> <p>64. MEDLINE; 56 OR 57 OR 58 OR 59 OR 60 OR 61 OR 62 OR 63; 3076615 results.</p> <p>65. MEDLINE; 46 AND 64; 160 results.</p>		
PsycINFO	<p>1. PsycINFO; COMMUNITY MENTAL HEALTH SERVICES/; 6205 results.</p> <p>2. PsycINFO; exp REHABILITATION/; 55232 results.</p> <p>3. PsycINFO; 1 AND 2; 467 results.</p> <p>4. PsycINFO; *INDEPENDENT LIVING PROGRAMS/; 288 results.</p> <p>5. PsycINFO; SELF CARE SKILLS/; 3136 results.</p> <p>6. PsycINFO; ACTIVITIES OF DAILY LIVING/; 3858 results.</p> <p>7. PsycINFO; HORTICULTURE THERAPY/ OR RECREATION THERAPY/; 757 results.</p> <p>8. PsycINFO; Gardening.ti,ab; 338 results.</p> <p>9. PsycINFO; cooking.ti,ab; 816 results.</p> <p>10. PsycINFO; 2 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9; 63145 results.</p> <p>11. PsycINFO; community.ti,ab; 153980 results.</p> <p>12. PsycINFO; 1 OR 11; 154897 results.</p> <p>13. PsycINFO; 10 AND 12; 8452 results.</p> <p>14. PsycINFO; CLINICAL TRIALS/; 6632 results.</p> <p>15. PsycINFO; random*.ti,ab; 117021 results.</p> <p>16. PsycINFO; groups.ti,ab; 340833 results.</p> <p>17. PsycINFO; (double adj3 blind).ti,ab; 16711 results.</p> <p>18. PsycINFO; (single adj3 blind).ti,ab; 1263 results.</p> <p>19. PsycINFO; EXPERIMENTAL DESIGN/; 8564 results.</p> <p>20. PsycINFO; controlled.ti,ab; 72985 results.</p> <p>21. PsycINFO; (clinical adj3 study).ti,ab; 7206 results.</p> <p>22. PsycINFO; trial.ti,ab; 61591 results.</p> <p>23. PsycINFO; "treatment outcome clinical trial".md; 23639 results.</p> <p>24. PsycINFO; 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23; 524841 results.</p> <p>25. PsycINFO; 13 AND 24; 1761 results.</p>	188	

	<p>26. PsycINFO; "community rehabilitation program*".ti,ab; 45 results.</p> <p>27. PsycINFO; "community treatment".ti,ab; 1599 results.</p> <p>28. PsycINFO; COMMUNITY PSYCHIATRY/; 665 results.</p> <p>29. PsycINFO; 1 OR 26 OR 27 OR 28; 7806 results.</p> <p>30. PsycINFO; 10 AND 29; 836 results.</p> <p>31. PsycINFO; 24 AND 30; 188 results.</p>		
Embase	<p>32. EMBASE; COMMUNITY MENTAL HEALTH SERVICES/; 41430 results.</p> <p>33. EMBASE; exp REHABILITATION/; 197335 results.</p> <p>34. EMBASE; 32 AND 33; 1878 results.</p> <p>35. EMBASE; *INDEPENDENT LIVING PROGRAMS/; 0 results.</p> <p>36. EMBASE; SELF CARE SKILLS/; 0 results.</p> <p>37. EMBASE; ACTIVITIES OF DAILY LIVING/; 51096 results.</p> <p>38. EMBASE; HORTICULTURE THERAPY/ OR RECREATION THERAPY/; 185 results.</p> <p>39. EMBASE; Gardening.ti,ab; 797 results.</p> <p>40. EMBASE; cooking.ti,ab; 8790 results.</p> <p>41. EMBASE; 33 OR 35 OR 36 OR 37 OR 38 OR 39 OR 40; 249332 results.</p> <p>42. EMBASE; "community rehabilitation program*".ti,ab; 53 results.</p> <p>43. EMBASE; "community treatment".ti,ab; 1552 results.</p> <p>44. EMBASE; COMMUNITY PSYCHIATRY/; 2646 results.</p> <p>45. EMBASE; 32 OR 42 OR 43 OR 44; 44570 results.</p> <p>46. EMBASE; 41 AND 45; 2460 results.</p> <p>47. EMBASE; random*.ti,ab; 789454 results.</p> <p>48. EMBASE; factorial*.ti,ab; 20391 results.</p> <p>49. EMBASE; (crossover* OR cross-over*).ti,ab; 64756 results.</p> <p>50. EMBASE; placebo*.ti,ab; 186095 results.</p> <p>51. EMBASE; (doubl* ADJ blind*).ti,ab; 134943 results.</p> <p>52. EMBASE; (singl* ADJ blind*).ti,ab; 13096 results.</p> <p>53. EMBASE; assign*.ti,ab; 217830 results.</p> <p>54. EMBASE; allocat*.ti,ab; 73861 results.</p> <p>55. EMBASE; volunteer*.ti,ab; 165317 results.</p>	250	

	56. EMBASE; CROSSOVER PROCEDURE/; 36448 results. 57. EMBASE; DOUBLE BLIND PROCEDURE/; 113621 results. 58. EMBASE; RANDOMIZED CONTROLLED TRIAL/; 338820 results. 59. EMBASE; SINGLE BLIND PROCEDURE/; 17116 results. 60. EMBASE; 47 OR 48 OR 49 OR 50 OR 51 OR 52 OR 53 OR 54 OR 55 OR 56 OR 57 OR 58 OR 59; 1288745 results. 61. EMBASE; 46 AND 60; 250 results.		
<b>Summary</b>	<b>NA</b>	<b>NA</b>	

### Disclaimer

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