

# Best Evidence Summaries of Topics in Mental Healthcare

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

### **Question**

In adults with mental illness, particularly non-psychotic illnesses e.g. depression, anxiety and personality disorder, how effective are social inclusion interventions such as befriending, peer support groups, drop-in clinics, compared to treatment as usual, in improving coping skills and reducing dependence on mental health services?

### **Clarification of question using PICO structure**

*Patients:* Adults with mental illness, particularly non-psychotic illnesses such as depression, anxiety and personality disorder.

*Intervention:* Social inclusion interventions such as befriending, peer support groups and drop-in clinics.

*Comparator:* Treatment as usual

*Outcome:* Improving coping skills and reducing dependence on mental health services.

### **Clinical and research implications**

The evidence for this summary came from three high quality systematic reviews. One review found that peer support may be beneficial for reducing symptoms of depression compared with primary care and another found a benefit of befriending on remission from depression (based on one study), both compared with usual care. A large review of self-care support networks across a wide range of clinical interventions only included two studies in depression and did not find any benefits for self-care support. All the studies measured depression symptoms and none measured the outcomes specified in the research question (improved coping skills and reduced dependence on mental health services). The review of self-care networks did not compare the interventions to usual care. None of the reviews made any firm clinical recommendations and all stated that further research is required.

More RCTs, conducted in the UK, are needed which specifically address the effects of social inclusion interventions on coping skills and service use in adults with mental health issues.

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

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

Three systematic reviews (SRs) (Mead et al. 2010 (1); Pfeiffer et al. 2011 (2); Woolacott et al. 2006 (3)) met the inclusion criteria for this summary. Of these only one review (2) was in the relevant population of adults with a mental illness (depression, anxiety and personality disorder) and it evaluated peer support groups (7 studies; 849 participants). One review (2) evaluated befriending but only included four studies relevant to this question (507 participants). The third review was a large review of self-care support networks across a range of indications but it only included two studies of people with depression (122 participants).

### *Main Findings*

One systematic review (1) found a statistically significant benefit on depression remission at 13 months for befriending compared with usual care, in women with chronic depression (based on one study). The only study of short-term outcomes did not report any benefit of befriending.

The second systematic review (2) evaluated peer support groups which placed people with depression in regular contact with at least one other person with current or previous depression. Seven studies were included which all measured symptoms of depression, mostly using the Beck Depression Inventory. This review found that peer support significantly reduced depression scores compared with usual care.

The systematic review of self-care networks (3) only included two studies of people with depression. These were two randomised controlled trials. One compared a social support network to a pram-walking group in women with post-natal depression; the other compared paraprofessional led mutual support groups to professional led mutual support groups and also cognitive behavioural therapy. Neither trial found any statistically significant benefits for support groups on levels of depression.

### *Authors Conclusions*

One systematic review concluded that befriending has a modest effect on symptoms of depression and emotional distress in varied patient groups but that further research into active ingredients, appropriate target populations and methods of delivery is required (1).

The review of peer support concluded that peer support interventions help reduced symptoms of depression but further research is needed to determine their effectiveness in primary care and other settings with limited mental health resources (2).

The review of self-care support networks concluded that there is only very weak evidence that they have beneficial effect as a generic intervention. The generalisability of the evidence to the UK setting was limited and well-designed studies conducted in the UK are required.

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

All three of these reviews were well-conducted and were at low risk of bias for all the quality assessment items. Two of them quality assessed the included studies but did not report the results of this assessment in full for each study, only an overall summary (1 and 2). Therefore it was not possible to verify which studies were of better quality. The overall risk of bias of the systematic reviews was judged to be low and their results are likely to be reliable.

In general the evidence base is quite small, there were seven studies evaluating peer support; four of befriending and two of self-care support networks. Most studies were of less than 100 participants and were of varied quality; only two were judged to be high or satisfactory quality. All the studies measured depression using different tools, none of the studies measured the outcomes specified in the research question (improved coping skills and reduced dependence on mental health services). The review of self-care networks did not compare the intervention to usual care; both of the relevant studies compared them to an alternative intervention (a pram-walking group and a support group led by less qualified people).

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

NICE (2012) CG 136;

“Develop care plans jointly with the service user, and:

- include activities that promote social inclusion such as education, employment, volunteering and other occupations such as leisure activities and caring for dependants.
- ensure that comprehensive information about other support groups, such as third sector, including voluntary, organisations, is made available.”

(pp. 89)

“Give service users the option to have a personal budget or direct payment so they can choose and control their social care and support, with appropriate professional and peer support as needed.”

(pp. 88)

The evidence seems consistent with the guidance for providing information on support groups as there was some evidence from one systematic review that peer support is effective for depression.

**Date question received:** 07/07/2013

**Date searches conducted:** 15/07/2013

**Date answer completed:**

## References

### SRs

Mead, N., Lester, H., Chew-Graham, C., Gask, L. and Bower, P. (2010) Effects of Befriending on Depressive Symptoms and Distress: Systematic Review and Meta-Analysis. *The British Journal of Psychiatry* 196, pp. 96-101.

Pfeiffer, P.N., Heisler, M., Piette, J.D., Rogers, M.A.M. and Valenstein, M. (2011) Efficacy of Peer Support Interventions for Depression: A Meta-Analysis. *General Hospital Psychiatry* 33 (1) pp. 29-36.

Woolacott, N., Orton, L., Beynon, S., Myers, L. and Forbes, C. (2006) Systematic Review of The Clinical Effectiveness of Self Care Support Networks in Health and Social Care. *Centre for Reviews and Dissemination. University of York.*

### Guidelines

National Institute for Health and Care Excellence (2012) Adult Mental Health. Improving The Experience of Care For People Using Adult NHS Mental Health Services. CG136. London: National Institute for Health and Care Excellence.

<http://www.nice.org.uk/nicemedia/live/13629/57542/57542.pdf>

## Results

### Systematic Reviews
















Author (year)	Search Date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Mead et al. (2010)	April 2008	<p>P: Individuals aged 14 or over, residing in the community and allocated to a befriending intervention, Individuals were not recruited on the basis of diagnosed depression or a specific level of baseline distress.</p> <p>I: Befriending; defined as an intervention that introduces the client to one or more individuals whose main aim is to provide the client with additional social support through the development of an affirming, emotion-focused relationship over time.</p> <p>C: comparisons with usual care or no treatment controls, with alternative active comparators (including medication or other psychological intervention) or other comparisons (e.g. between different types of befriending).</p> <p>O: A range of psychological and social well-being outcomes were considered relevant to befriending, but to allow comparison across interventions, the primary outcome was depressive symptoms (the most commonly reported outcome and best overall measure of emotional distress), with perceived social</p>	24 (4 relevant to this question)	<p>Three studies evaluated befriending in people with depression. These were in females, primary care patients and the elderly. Another study was in highly anxious new mothers.</p> <p>One study was considered to have low risk of bias, two medium and one high. Sample sizes ranged from 30 to 302. Befrienders were other experienced mothers (for the new mothers); psychology students; female volunteers; and peer supporters with a history of successfully treated depression. Most befriending was delivered face-to-face, in some cases with additional telephone contact.</p> <p>Only one study of depressed elderly people reported short-term depression outcomes (6 months) and did not find any significant difference between befriending and usual care.</p> <p>One study of depressed females found a statistically significant benefit for befriending compared with usual care for depression</p>	<p>Low</p> <p>12 databases were searched as well as manual scanning of reference lists. Two reviewers independently selected studies and extracted data. Study quality was assessed.</p>

		support as a secondary outcome. S: Systematic review.		remission at 13 months. Other studies did not find any benefits for depression or did not report depression scores at follow-up.	
Pfeiffer et al. (2011)	April 2010	<p>P: People with current symptoms of depression.</p> <p>I: Peer support groups defined as such if they placed individuals with current depression in regular contact with at least one other person with either current or prior depression.</p> <p>C: Seven studies compared a peer support intervention to usual care, seven compared peer support to psychotherapy, and four studies contained both comparison conditions.</p> <p>O: Change in depressive symptoms measured before and after the intervention.</p> <p>S: Systematic review.</p>	7	<p>Seven studies compared peer support to usual care (849 participants). Four studies enrolled exclusively depressed women, two were of post-partum women, one was of mothers of school-aged children and one studied menopausal women. The other studies were of HIV positive men, stage II cancer patients and elderly patients recently discharged from an inpatient psychiatric setting.</p> <p>All studies satisfied two out of the three quality items. All studies reported the number of drop-outs, three reported the randomisation method and three used blinded outcome assessment.</p> <p>All studies used self-reported measures of depression the most commonly used was the Beck Depression Inventory (six studies). Individual study results were combined using random effects meta-analysis.</p> <p>Peer support compared with usual: peer support reduced depression scores compared with usual care (standardised mean difference (SMD) -0.59, 95% CI -0.98 to -0.21, p=0.002). Statistical heterogeneity was observed (<math>I^2=70.8\%</math>) and possible reasons were explored by grouping the analyses by gender, type of</p>	<p>Low</p> <p>4 databases were searched as well as references. Two reviewers selected studies and extracted data. Study quality was measured with the Jadad scale.</p>


				depression measure, and blinded outcome assessment. Only the use of blinded outcome assessment was a possible reason for the heterogeneity.	
Woolacott et al. (2006)	24/03/2005	<p>P: Studies of individuals attending self-care support networks within the field of health and social care.</p> <p>I: Self-care support networks defined as a group of peers who utilise their experience to support and advise others whilst receiving support and advice themselves.</p> <p>C: Any control intervention such as no self-care networks, treatment as usual, waiting list control.</p> <p>O: Measure of direct effect on condition (or carer), measure of effect on care-receiver, measure of direct effect on behaviour related to the condition, measure of direct effect on knowledge related to the condition, measure of effect on quality of life/general well-being, objective measure of use of health care or other resources, measure of satisfaction with intervention, adverse events.</p> <p>S: Systematic review.</p>	46 (2 relevant to this question)	<p>Only two studies from this review were in people with depression.</p> <p>There was one randomised controlled trial (RCT) comparing a social support network to a pram-walking group in women with post-natal depression (24 participants). This was conducted in Australia and the intervention lasted for 12 weeks. The quality of this study was considered satisfactory.</p> <p>The other RCT (98 participants) was conducted in the US. It compared paraprofessional led mutual support groups with professional led mutual support groups for 10 weeks of treatment. The paraprofessional group was led by non-professional therapists from community groups. There were also two groups who received cognitive behavioural therapy. This was considered to be a poor quality study.</p> <p>Neither trial found any statistically significant benefits for support groups on levels of depression.</p>	<p>Low</p> <p>12 databases were searched as well as the internet and reference lists. Studies were selected by two reviewers independently. Data extraction and quality assessment were performed by one reviewer and checked by a second.</p>


				The overall conclusion of the review (over all 46 studies) was that the evidence for a beneficial effect of self-care support networks is very weak.	
--	--	--	--	--	--

**Risk of Bias: SRs**

Author (year)	Risk of Bias				
	Inclusion criteria	Searches	Review Process	Quality assessment	Synthesis
Mead et al. (2010)					
Pfeiffer et al. (2011)					
Woolacott et al. (2006)					

 Low Risk

 High Risk

 Unclear Risk



## Search Details

Source	Search Strategy	Number of hits	Relevant evidence identified
<b><i>SRs and Guidelines</i></b>			
NICE	Social inclusion	392	1
DARE	(peer*) IN DARE 980 2 (peer* adj3 (support* or group* or expert* or worker* or advisor* or consultant* or leader* or educator* or tutor* or instructor* or facilitat*)) IN DARE 92 3 (social* adj3 support*) IN DARE 302 Delete 4 (social* adj3 (support* or inclus*)) IN DARE 307 5 (drop* adj2 *in) IN DARE 199 6 (befriend*) IN DARE 6 7 (mental* adj2 health) IN DARE 665 8 (psychiat*) IN DARE 1254 9 (depress*) IN DARE 1825 10 (anxi*) IN DARE 1113 11 (bipolar*) IN DARE 230 12 MeSH DESCRIPTOR Social Support EXPLODE ALL TREES 227 13 MeSH DESCRIPTOR Self-Help Groups EXPLODE ALL TREES 78 14 MeSH DESCRIPTOR Peer Group EXPLODE ALL TREES 43 15 MeSH DESCRIPTOR Community Mental Health Services EXPLODE ALL TREES 113 16 MeSH DESCRIPTOR Mental Health Services EXPLODE ALL TREES 639	856	

	<p>17 MeSH DESCRIPTOR Community Mental Health Services EXPLODE ALL TREES 113</p> <p>18 MeSH DESCRIPTOR Psychiatry EXPLODE ALL TREES 75</p> <p>19 MeSH DESCRIPTOR Mental Disorders EXPLODE ALL TREES 4026</p> <p>20 MeSH DESCRIPTOR Bipolar Disorder EXPLODE ALL TREES 147</p> <p>21 MeSH DESCRIPTOR Depression EXPLODE ALL TREES 429</p> <p>22 MeSH DESCRIPTOR Depressive Disorder, Major EXPLODE ALL TREES 254</p> <p>23 MeSH DESCRIPTOR Anxiety Disorders EXPLODE ALL TREES 375</p> <p>24 MeSH DESCRIPTOR Anxiety EXPLODE ALL TREES 196</p> <p>25 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 2107</p> <p>26 #7 OR #8 OR #9 OR #10 OR #11 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 5867</p> <p>27 #25 AND #26</p> <p>(peer* adj3 (support* or group* or expert* or worker* or advisor* or consultant* or leader* or educator* or tutor* or instructor* or facilitat*) ) IN DARE 92</p> <p>2 (peer*) IN DARE 980</p> <p>3 (social* adj3 support*) IN DARE 302</p> <p>4 (drop* adj2 *in) IN DARE 199</p> <p>5 (befriend*) IN DARE 6</p> <p>6 (personalit* adj2 disorder*) IN DARE 84</p> <p>7 MeSH DESCRIPTOR Social Support EXPLODE ALL TREES 227</p>		
--	---	--	--

	8 MeSH DESCRIPTOR Self-Help Groups EXPLODE ALL TREES 78 9 MeSH DESCRIPTOR Peer Group EXPLODE ALL TREES 43 10 MeSH DESCRIPTOR Community Mental Health Services EXPLODE ALL TREES 113 11 MeSH DESCRIPTOR Mental Health Services EXPLODE ALL TREES 639 12 MeSH DESCRIPTOR Personality Disorders EXPLODE ALL TREES 59 13 MeSH DESCRIPTOR Borderline Personality Disorder EXPLODE ALL TREES 24 14 #1 OR #2 OR #3 OR #4 OR #5 OR #7 OR #8 OR #9 OR #10 OR #11 2104 15 #6 OR #12 OR #13 115 16 #14 AND #15		
<b>Primary studies</b>			
CENTRAL	MeSH descriptor: [Mental Disorders] explode all trees 39258 #2 Enter terms for search depressiondepression 29633 #3 Enter terms for search anxietyanxiety 19270 #4 Enter terms for search personality disorderpersonality disorder 3581 #5 Enter terms for search #1 or #2 or #3 or #4#1 or #2 or #3 or #4 68736 #6 Enter terms for search psychosispsychosis 2475 #7 Enter terms for search #5 not #6#5 not #6 67038 #8 Enter terms for search "social inclusion intervention""social inclusion intervention" 0 #9 Enter terms for search befriend*befriend* 54	32	

	<p>#10 Enter terms for search "peer support""peer support" 287</p> <p>#11 Enter terms for search "drop in""drop in" 1608</p> <p>#12 MeSH descriptor: [Friends] explode all trees 68</p> <p>#13 Enter terms for search "community based activities""community based activities" 15</p> <p>#14 Enter terms for search #9 or #10 or #11 or #12 or #13#9 or #10 or #11 or #12 or #13 2008</p> <p>#15 Enter terms for search #5 and #14#5 and #14 413</p> <p>#16 Enter terms for search "coping skills""coping skills" 612</p> <p>#17 MeSH descriptor: [Adaptation, Psychological] explode all trees 3409</p> <p>#18 MeSH descriptor: [Quality of Life] explode all trees 12812</p> <p>#19 Enter terms for search #17 or #18 or #16 16213</p> <p>#20Enter terms for search#15 and #19 83</p> <p>Central only 32</p>		
PsycINFO	<ol style="list-style-type: none"> <li>1. PsycINFO; exp MENTAL DISORDERS/; 414025 results.</li> <li>2. PsycINFO; depress*.ti,ab; 200622 results.</li> <li>3. PsycINFO; anxiety.ti,ab; 125479 results.</li> <li>4. PsycINFO; "personality disorder".ti,ab; 15935 results.</li> <li>5. PsycINFO; 1 OR 2 OR 3 OR 4; 556405 results.</li> <li>6. PsycINFO; psychosis.ti,ab; 25921 results.</li> <li>7. PsycINFO; 5 not 6; 534518 results.</li> <li>8. PsycINFO; "social inclusion intervention*".ti,ab; 2 results.</li> <li>9. PsycINFO; SOCIAL INTEGRATION/ OR SOCIAL INTERACTION/ OR ENCOURAGEMENT/; 20376 results.</li> <li>10. PsycINFO; befriending.ti,ab; 156 results.</li> <li>11. PsycINFO; "peer support*".ti,ab; 2006 results.</li> </ol>	394	

<p>12. PsycINFO; "drop in".ti,ab; 2307 results.</p> <p>13. PsycINFO; 8 OR 9 OR 10 OR 11 OR 12; 24798 results.</p> <p>14. PsycINFO; 7 AND 13; 3580 results.</p> <p>15. PsycINFO; QUALITY OF LIFE/; 24060 results.</p> <p>16. PsycINFO; COPING BEHAVIOR/; 35720 results.</p> <p>17. PsycINFO; "coping skills".ti,ab; 3638 results.</p> <p>18. PsycINFO; "self reliance".ti,ab; 1128 results.</p> <p>19. PsycINFO; 15 OR 16 OR 17 OR 18; 61793 results.</p> <p>20. PsycINFO; 14 AND 19; 197 results.</p> <p>21. PsycINFO; CLINICAL TRIALS/; 6862 results.</p> <p>22. PsycINFO; random*.ti,ab; 120389 results.</p> <p>23. PsycINFO; groups.ti,ab; 347570 results.</p> <p>24. PsycINFO; (double adj3 blind).ti,ab; 17047 results.</p> <p>25. PsycINFO; (single adj3 blind).ti,ab; 1305 results.</p> <p>26. PsycINFO; EXPERIMENTAL DESIGN/; 8692 results.</p> <p>27. PsycINFO; controlled.ti,ab; 75064 results.</p> <p>28. PsycINFO; (clinical adj3 study).ti,ab; 7420 results.</p> <p>29. PsycINFO; trial.ti,ab; 63403 results.</p> <p>30. PsycINFO; "treatment outcome clinical trial".md; 24336 results.</p> <p>31. PsycINFO; 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28 OR 29 OR 30; 536060 results.</p> <p>32. PsycINFO; 20 AND 31; 48 results.</p> <p>33. PsycINFO; FRIENDSHIP/ OR PEER RELATIONS [+NT]/ OR SOCIAL SUPPORT/; 43329 results.</p> <p>34. PsycINFO; PEER COUNSELING/; 911 results.</p> <p>35. PsycINFO; PSYCHOSOCIAL FACTORS/; 26222 results.</p> <p>36. PsycINFO; 33 OR 34 OR 35; 69038 results.</p> <p>37. PsycINFO; 13 OR 36; 91231 results.</p> <p>38. PsycINFO; 7 AND 37; 17578 results.</p>		
--	--	--

	39. PsycINFO; 19 AND 38; 1863 results. 40. PsycINFO; 31 AND 39; 394 results.		
Medline	24. MEDLINE; MENTAL DISORDERS/; 119146 results. 25. MEDLINE; BIPOLAR DISORDER/; 31282 results. 26. MEDLINE; depress*.ti,ab; 312358 results. 27. MEDLINE; ANXIETY/ OR DEPRESSION/; 111960 results. 28. MEDLINE; "personality disorder*".ti,ab; 13811 results. 29. MEDLINE; 24 OR 25 OR 26 OR 27 OR 28; 496168 results. 30. MEDLINE; psychosis.ti,ab; 23276 results. 31. MEDLINE; 29 not 30; 488925 results. 34. MEDLINE; befriending.ti,ab; 89 results. 36. MEDLINE; "peer support".ti,ab; 1550 results. 36. MEDLINE; "peer support".ti,ab; 1550 results. 37. MEDLINE; SUPPORT, PSYCHOSOCIAL/ OR PEER COUNSELING/; 0 results. 37. MEDLINE; SUPPORT, PSYCHOSOCIAL/ OR PEER COUNSELING/; 0 results. 38. MEDLINE; "drop in*".ti,ab; 0 results. 39. MEDLINE; "coping skills".ti,ab; 1809 results. 40. MEDLINE; COMMUNITY NETWORKS/ OR SOCIAL SUPPORT/; 55864 results. 42. MEDLINE; SELF-HELP GROUPS/; 7760 results. 43. MEDLINE; "support group*".ti,ab; 4658 results. 44. MEDLINE; "community based activit*".ti,ab; 92 results. 45. MEDLINE; 34 OR 36 OR 39 OR 40 OR 42 OR 43 OR 44; 66585 results. 46. MEDLINE; 31 AND 45; 11684 results. 47. MEDLINE; QUALITY OF LIFE/; 116537 results. 48. MEDLINE; "coping skill*".ti,ab; 1863 results.	671	

	<p>49. MEDLINE; 47 OR 48; 118254 results.  50. MEDLINE; 46 AND 49; 1955 results.  51. MEDLINE; "randomized controlled trial".pt; 379585 results.  52. MEDLINE; "controlled clinical trial".pt; 88649 results.  53. MEDLINE; randomized.ab; 293270 results.  54. MEDLINE; placebo.ab; 156052 results.  55. MEDLINE; "drug therapy".fs; 1725639 results.  56. MEDLINE; randomly.ab; 209307 results.  57. MEDLINE; trial.ab; 305849 results.  58. MEDLINE; groups.ab; 1332304 results.  59. MEDLINE; 51 OR 52 OR 53 OR 54 OR 55 OR 56 OR 57 OR 58; 3334359 results.  60. MEDLINE; 50 AND 59; 671 results.</p>		
CINAHL	<p>1. CINAHL; MENTAL DISORDERS/; 24224 results.  2. CINAHL; BIPOLAR DISORDER/; 3848 results.  3. CINAHL; depress*.ti,ab; 45146 results.  4. CINAHL; ANXIETY/ OR DEPRESSION/; 47617 results.  5. CINAHL; "personality disorder*".ti,ab; 2504 results.  6. CINAHL; 1 OR 2 OR 3 OR 4 OR 5; 91774 results.  7. CINAHL; psychosis.ti,ab; 2741 results.  8. CINAHL; 6 not 7; 90970 results.  9. CINAHL; "social inclusion intervention".ti,ab; 0 results.  10. CINAHL; SOCIAL SKILLS/; 877 results.  11. CINAHL; befriending.ti,ab; 59 results.  12. CINAHL; FRIENDSHIP/; 2051 results.  13. CINAHL; "peer support".ti,ab; 1036 results.  14. CINAHL; SUPPORT, PSYCHOSOCIAL/ OR PEER COUNSELING/; 33466 results.  15. CINAHL; "drop in*".ti,ab; 1326 results.  16. CINAHL; "coping skills".ti,ab; 886 results.</p>	128	

	<p>17. CINAHL; 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16; 38599 results.</p> <p>18. CINAHL; 6 AND 17; 5373 results.</p> <p>19. CINAHL; QUALITY OF LIFE/; 37910 results.</p> <p>20. CINAHL; "coping behav*".ti,ab; 585 results.</p> <p>21. CINAHL; "DEPENDENCY (PSYCHOLOGY)"/; 496 results.</p> <p>22. CINAHL; 19 OR 20 OR 21; 38936 results.</p> <p>23. CINAHL; 18 AND 22; 563 results.</p> <p>24. CINAHL; CLINICAL TRIALS/; 78455 results.</p> <p>25. CINAHL; random*.ti,ab; 102963 results.</p> <p>26. CINAHL; groups.ti,ab; 127849 results.</p> <p>27. CINAHL; (double adj3 blind).ti,ab; 12013 results.</p> <p>28. CINAHL; (single adj3 blind).ti,ab; 1629 results.</p> <p>29. CINAHL; EXPERIMENTAL DESIGN/; 0 results.</p> <p>30. CINAHL; controlled.ti,ab; 59558 results.</p> <p>31. CINAHL; (clinical adj3 study).ti,ab; 9551 results.</p> <p>32. CINAHL; trial.ti,ab; 61426 results.</p> <p>33. CINAHL; "treatment outcome clinical trial".md; 1 results.</p> <p>34. CINAHL; 24 OR 25 OR 26 OR 27 OR 28 OR 29 OR 30 OR 31 OR 32 OR 33; 281035 results.</p> <p>35. CINAHL; 23 AND 34; 128 results.</p>		
<b>Summary</b>	<b>NA</b>	<b>NA</b>	



## **Disclaimer**

BEST in MH answers to clinical questions are for information purposes only. BEST in MH does not make recommendations. Individual health care providers are responsible for assessing the applicability of BEST in MH answers to their clinical practice. BEST in MH is not responsible or liable for, directly or indirectly, any form of damage resulting from the use/misuse of information contained in or implied by these documents. Links to other sites are provided for information purposes only. BEST in MH cannot accept responsibility for the content of linked sites.

*© Best Evidence Summaries of Topics in Mental Health 2013*